FEDERAL COMMITMENT TO HUMAN NUTRITION RESEARCH

JOINT HEARING

BEFORE THE

SUBCOMMITTEE ON
SCIENCE, RESEARCH AND TECHNOLOGY

OF THE

COMMITTEE ON
SCIENCE AND TECHNOLOGY

AND THE

SUBCOMMITTEE ON DEPARTMENT OPERATIONS,
RESEARCH, AND FOREIGN AGRICULTURE

OF THE

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[1] Resigned from committee Oct. 7, 1981.
[2] Elected to committee Dec. 16, 1982

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FEDERAL COMMITMENT TO HUMAN NUTRITION RESEARCH

WEDNESDAY, JUNE 23, 1982

House of Representatives, Committee on Science and Technology, Subcommittee on Science, Research and Technology, Committee on Agriculture, Subcommittee on Department Operations, Research and Foreign Agriculture,

Washington, D.C.

The subcommittees met, pursuant to notice, at 9:12 a.m., in room 2318, Rayburn House Office Building, Hon. George E. Brown, Jr. (chairman of the Subcommittee on Department Operations, Research and Foreign Agriculture) presiding.

Present: Representatives Brown, Walgren, Wampler, Skeen, Evans, and Weber.

Mr. **Brown**. The subcommittees will come to order.

In order to expedite these proceedings, I am going to begin at this time. We expect that Chairman Walgren will be here soon.

This is a joint hearing of the Committee on Agriculture's Subcommittee on Department Operations, Research and Foreign Agriculture and the Science and Technology Committee's Subcommittee on Science, Research and Technology.

Just a year ago tomorrow these subcommittees met jointly to examine progress made by the U.S. Department of Agriculture and the Department of Health and Human Services in developing an implementation plan for a national nutrition monitoring system. At that time I was not overly impressed by the progress being made toward implementing the monitoring system. Hopefully, the witnesses appearing this morning will be able to allay growing fears that the Federal Government is substantially reducing its commitment to human nutrition research.

As everyone here is aware, the National Academy of Sciences released last week a report discussing the relationship between diet, nutrition, and cancer. The divergent reaction to this report in the media and among affected trade associations underscores, in my mind, the importance of this hearing. The public is vitally interested and rightfully concerned about how diet can affect health. I think the Federal Government should respond to this public concern by providing the most sound and up-to-date scientific information available on diet and health issues. The recently released NAS report states repeatedly that our knowledge about the links between diet and cancer is far from completely understood. Still, the

Academy found sufficient evidence to support the issuance of interim dietary guidelines.

I sense that a spirited public debate will probably unfold in the next several weeks about the diet and cancer report. I hope that this debate will help focus the public's and administration's attention on one of the basic causes for such controversy—our continuing lack of basic knowledge about human nutrition. On a number of other occasions the release of carefully worded and seemingly prudent reports has set in motion great debates about how less than total scientific knowledge should be utilized in the public arena. Before we become distracted by the emotions of another round of that debate, I think it is appropriate and helpful to repeat here how the committee responsible for the "Diet, Nutrition, and Cancer Report" viewed its charge. The preface of the report states:

> The committee is aware that several aspects of its charge are matters of controversy, either within the scientific and medical community or among the general population. Controversies are inevitable when data are neither clear-cut or complete. Interpretations then depend on the criteria selected for evaluation and are influenced by individual or collective judgment. The committee has attempted to present the evidence as objectively as possible and to indicate the range of scientifically acceptable interpretation. It hopes that the results will be useful to all interested parties. The charge to the committee also included a request for dietary recommendations that could be used in the formulation of public policy. Although the committee decided that the data base is not yet adequate for firm recommendations to be made, it did conclude that there was sufficient justification for certain interim guidelines.

Our basic task today is not to defend or critique the Academy's recent report. Our goal is to try to encourage the administration to proceed with the data and research base upon which future scientists can base more definitive judgments about such things as the link between diet and cancer. For some reason it has proven very difficult for the USDA and DHHS to focus sufficient attention and allocate adequate resources to the essential tasks identified and agreed upon as needed to coordinate their respective nutrition data-gathering and research functions.

I look forward to the testimony from our witnesses this morning, and I hope that they have some constructive suggestions to offer about how the Government can more adequately inform citizens about nutrition issues. While I am sure we can all agree, as we have done repeatedly in the past, that more research is needed on human nutrition, I frankly believe the time has come for more concrete evidence that these legitimate public needs are going to be addressed in a responsible fashion by the Federal Government.

Our first witness this morning is our distinguished colleague, the Hon. Paul Simon from Illinois, who has long had a keen interest in this subject and whose insight and wisdom we value very much. We welcome him this morning.

STATEMENT OF HON. PAUL SIMON, A MEMBER OF CONGRESS FROM THE STATE OF ILLINOIS

Mr. **Simon**. Thank you very much. I do not know how much insight and wisdom I will give you, Mr. Chairman.

Mr. **Brown**. Give us the best you have.

Mr. **Simon**. I would like to enter my statement in the record and then I would like to proceed informally.

Mr. **Brown**. Without objection, your statement will be entered in the record immediately following your oral presentation.

Mr. **Simon**. I am concerned that the mandate of the 1977 farm bill is not being met. The comprehensive national nutrition monitoring system has not been established. The very fact that you have held these hearings has moved the administration to act, as I understand, yesterday on the Richmond amendment to the 1981 farm bill. The appearance to an outside observer is that there has been some dragging of the feet on that.

The fundamental question is, How can we best study the nutritional and health status of the U.S. population? We need an adequate data base to do that.

I am not in favor of needless surveys. I represent a rural population. If you will check the agricultural census form that was last used, it is 4 pages long rather than 16 pages. That is because a farmer in my district, who happens to be a Harvard graduate, wrote to me and said, "I got the agricultural census form. I don't understand it." I figured if a Harvard graduate who is a farmer cannot understand it, something is wrong. Therefore, we got the Census people and the Agriculture people together and now we have a shorter form.

I am concerned. It is not simply the two surveys which I mentioned whose integration has been mandated by the law. I am concerned by the general move to cut back on the data base on which we have to act.

The area which is the most dramatic illustration is the OMB's abolition of the Statistical Policy Branch, which is the coordinating arm for the Federal Government of all the statistical data.

You and I, George Brown from California and Paul Simon from Illinois, have to make decisions on food stamps and other programs that are extremely important, particularly to low-income Americans. I want to make sure we do that on a solid data base, that we do it in an informed way.

In a very real sense that is what the whole question is about: Do we make informed decisions or do we hold our finger ~~to the~~ wind and ask which way the wind is blowing today, and then we ~~move~~ ahead and make decisions? I do not want to hold ~~our~~ fingers to the wind. I want to see us make solid, substantial decisions based on facts, not based on anecdote, if you will. I had no particular person in mind when I mentioned that type of thing.

That basically is my message, Mr. Chairman.

Mr. **Brown**. We appreciate that message very much, Mr. Simon.

You have expressed an interest also in the Hispanic Health and Nutrition Examination Survey and the need for additional subpopulation studies. Do you have any suggestions for the next subpopulation groups which may be at nutritional risk, in the event we can stimulate the Department of Health and Human Services to continue the interim subpopulation studies?

Mr. **Simon**. In general we have to be looking at the poor. Hispanics obviously have a major problem here. However, we have to consider our black population as well as the Appalachian poor. My district happens to be the poorest economically of any district in the State of Illinois. I see rural poverty in my district.

That ultimately is where the responsibility of Government lies. It is not to protect the rich and the powerful. By and large, they can take care of themselves. It is to protect people who may not even know we are in session right now.

I do not want to see a data base that is declining where in a sense we are saying, "Don't tell us the facts." I want to know the facts. They may not be pleasant, but let's know the facts. Then if we know the facts, it does not mean we are going to make the right decisions but we have a better chance of making the right decisions.

Mr. **Brown**. Mr. Simon, I share your expressed concern about the abolishment of the Office of Statistical Policy and Standards in OMB. I do not know where we are going to move from here.

One thing which we have been concerned about is the implementation of the Paperwork Reduction Act, which should provide a legislative basis for the improvement of the collection of data, and possibly even its statistical interpretation. However, instead it seems to be used as an instrument to curtail scientific and technical information. Do you have any comments on this aspect? Have you been sufficiently familiar with the implementation of the Paperwork Reduction Act to be able to comment on that?

Mr. **Simon**. I would just say that I supported it, as I assume you did. I do not think anyone in Congress wants to have excessive paperwork.

However, my observation is that the danger you cite is a very real one—that instead of doing away with the useless things, and there are useless things that are done by Government, we are striking at the heart of what we need. I think the OMB action is particularly a matter of concern.

I have written to Dave Stockman. I have talked to him about it. He assures me that they want to continue to collect adequate data. However, I think it is an area which we are going to have to watch very, very closely.

We also have given OMB additional powers to determine, for example, who is below the poverty line and where the poverty line is. When you reduce data and give additional power, you can have administrations—and I do not mean just this administration, but I am talking about any future administration—manipulating the information in such a way as to accomplish whatever their particular budgetary goals might be.

Mr. **Brown**. I am going to ask you a rhetorical question just to give you an opportunity to make some response. These subcommittees, chaired by Congressman Walgren of the Science and Technology Committee, and to a lesser degree in the Agriculture Committee, the subcommittee which I chair, have been concerned about the generic problems of information systems for some period of time. It is not a new subject. For at least a generation we have had a growing concern that we were not devoting enough effort to the rationalization of our scientific, technological, and social data base so as to make it more useful for policymaking purposes and more usable by all the public. In other words, the management of information, the proper collection, analysis, review, filing, accessing, and so forth, has in a sense become one of the key problems in a changing world.

We have not seemed to be able to get a good handle on that, or even to convince OMB or OSTP that this problem deserves a major thrust on its own. I wonder if you would care to comment about your own perception of the importance of this problem as part of our evolution toward an information society.

Mr. SIMON. I do not think there is any question that it is vital. I see it all the time. That is what concerns me when I see the importance growing while we are moving in exactly the opposite direction in our policy.

You mentioned your Agriculture Committee. The Agriculture Department is no longer publishing monthly farm income statistics. I have introduced a bill, and I am pleased that the chairman of your committee, Representative de la Garza, is cosponsoring it, to require them to do that. We really should not have to have a bill to do that.

My fear is that when we think there is going to be unpleasant data revealed, we stop collecting the data. However, it is true for everything. I am spending part of each week now at the United Nations, 2 days a week, for their special session on disarmament. One of the things that is very clear is the need for the nations of the world to achieve some kind of a common data collection machinery. How that is going to be achieved, I do not know. However, it is vital to disarmament; it is vital to nutrition; it is vital to just about everything in our society today.

My basic message is that we ought to be collecting the significant data; we should not be retarding anything simply because it may bring us news that we do not like to hear.

For example, we have information on the impact of food stamps from the Field Foundation, not from the U.S. Government. I think it is great that the Field Foundation has done that, but I do not think we should wait for the accident of a Foundation providing the information so that we have the knowledge to make the kind of decisions that ought to be made.

Mr. BROWN. I was going to raise the question with you about the adequacy of our data base for evaluating Federal programs for improving diet and intervening in the nutrition process in one way or another. It seems to me that it is essential that we have such processes.

I am intrigued by the fact that you are saying we are getting that data from outside Foundations rather than collecting it ourselves.

Mr. SIMON. Too often that has been the case. With regard to the food stamp program, the real impact of the food stamp program is that the basic information has been provided not by the USDA but by the Field Foundation. I am grateful to the Foundation. I do not want to sound ungrateful.

Mr. BROWN. Your position would be, I presume, that we have a responsibility to monitor on behalf of the Federal Government the effects of these food programs.

Mr. SIMON. We have a responsibility for two reasons. One is that we are spending huge chunks of money on these programs. We ought to know what we are doing. No. 2, we are talking about the life and health of the Nation. We ought to know for that reason.

Mr. Brown. It is theoretically conceivable that those billions of dollars are not really contributing to the enhancement of the recipients health and nutrition.

Mr. Simon. We ought to know whether that is the case.

Mr. Brown. Mr. Skeen, welcome to the session. Do you have any questions of our distinguished colleague?

Mr. Skeen. Thank you, Mr. Chairman. Thank you for that gracious welcome.

I have no questions. It is always an interesting opportunity to listen to Mr. Simon. He is so learned and portrays his points so well. I appreciate his being here this morning.

Thank you.

Mr. Simon. I thank you.

Mr. Brown. Don't you think Mr. Skeen has developed wonderfully for just a freshman Congressman?

Mr. Simon. I was just thinking that I would like him to come to southern Illinois to make those comments.

Mr. Skeen. If you have a district open, I would be happy to do that for you.

I don't know how the chairman uses the word "developed."

Mr. Brown. Thank you very much, Mr. Simon.

Mr. Simon. Thank you.

[The prepared statement of Mr. Simon follows:]

The Honorable Paul Simon

Mr. Walgren, Mr. Brown, thank you very much for inviting me to testify before your committees today. I commend you for holding this hearing, as a demonstration of Congressional commitment to a National Nutrition Monitoring System.

I realize that today is an anniversary hearing--that this time last year, you held a similar hearing to obtain a commitment from USDA and HHS to submit to Congress an implementation plan for a Comprehensive National Nutrition Monitoring System, as mandated by Congress in the Farm Bill of 1977. Although a plan was submitted last September with a schedule of events, it seems that there has not been adequate progress in carrying out this plan. This leads us to be concerned that the current Administration does not place high priority on nutritional research.

I am here today to lend an additional Congressional perspective in addressing the importance of a National Nutrition Monitoring System. The achievement of such a system has implications which go beyond the thorny methodological issues of combining the Health and Nutrition Examination Survy of HHS with the Nationwide Food Consumption Survey of USDA. Beneath the controvery surrounding the National Nutrition Monitoring System are several themes which emerge. In my view, these underlying themes all relate to the role of the federal government in collecting and disseminating information about the U.S. population.

First, the federal government is in a unique position to take leadership in advancing our knowledge about the human condition--in this case, nutrition and its effects on health. The challenge here today is to ask, "How can we best study the nutritional and health status of the U.S. population?" Given the enormity and complexity of the undertaking, the federal government needs to take the lead in designing a systematic, comprehensive, monitoring system which provides data in a periodic, timely, predictable fashion. This is a data base which only the federal government can provide.

Indeed, it is clear that the parts are in place: The HANES survey has well-developed measures of health status, --our only national survey using actual medical exams. The NFCS, the Nationwide Food Consumption Survey has developed good methodology for measuring food intake. While I understand that there are problems in fusing these surveys,(since they were originally designed with different objectives)--for example, problems such as differences in timing, differences in agency needs, increasing the burden on the participants in the study--While I acknowledge these problems, I believe they should be viewed as technical obstacles to be overcome.

I cannot believe that technical obstacles alone have held this coordination effort up for 5 years. Instead, I must express my concern that the federal government is not fulfilling its responsibility and unique position to expand our knowledge. In addition, it seems that nutritional monitoring is being placed low on the totem pole. As must be evident to everyone here, the failure to establish this monitoring system has implications for many sectors of our nation. The potential data base that could result from a comprehensive monitoring system is of great importance to other federal agencies and policy makers, to researchers, service organizations, and to agricultural markets. As a strong supporter of education programs, I believe that it is imperative that this information system be put in place, so that the data can be used effectively in our universities, schools of nursing, medical schools, and also so that research priorities can be established.

2) A second theme which emerges from this controversy is the issue of efficiency and coordination in the federal information system. In the case of a nutritional monitoring system, we are not only trying to improve our data base, we are also trying to delete duplication of efforts. While I understand that the HANES survey (HHS) and the Nationwide Food Consumption Survey (USDA) were originally designed for separate purposes, there is not a great deal of overlap in data collection, especially with regard to the food intake and dietary status of the participants. In addition, both surveys independently derive their own samples, which again strikes me as redundant. As long ago as 1970, the GAO recommended the use of one sample for both surveys as a straightforward means of cutting costs.

I raise these points, because I continue to be concerned that there is not a strong enough statistical policy branch in OMB which could take leadership in coordinating such methodological issues. I and 30 of my colleagues in the House expressed deep concern to Mr. Stockman when the Statistical Policy Branch of OMB was abolished in April as a separate branch, its staff reduced and reorganized into a new branch which also includes regulatory review functions. I cannot help but wonder if stronger leadership in statistical and methodological coordinationg would have avoided the long delays in coordinating the two surveys.

3) Finally, I would like to address the third theme related to the role of the federal government in developing good data bases. Specifically, comprehensive information systems contribute to effective decision-making in Congress. In this case, the potential use of a nutritional monitoring system is relevant to decisions on food programs, such as School Lunch, Food Stamps, Child Care Food, and WIC. I am not speaking of program evaluation, but rather of the framework which this system could provide. For example, the demonstrated connection between good prenatal nutrition and a healthy fetus provides an informed context for deliberations on the WIC program. Secondly, a focus on the nutritional and health status of special populations, such as children, the elderly, low income families, is also informative. I understand that a HANES survey for a Hispanic population is about to begin this summer. I applaud the pursuit of such needed information, and I would like to know if any other special populations have been identified for future surveys.

In general, the word, "monitoring," of the National Nutrition Monitoring System should be underscored. By keeping abreast of the health and nutrition status of the population, the system has the potential for more readily identifying a problem, a bringing it,-- in an informed way-- to the attention of policymakers.

In closing, I would like to reiterate my appreciation for the opportunity to testify today. The National Nutrition Monitoring System is an opportunity for improving the federal data base which we cannot let go by. I commend the committees for the pursuit of this endeavor, and I would like to lend my support in any way possible.

Mr. **Brown**. Without objection, we will insert at the beginning of this hearing an opening statement from our colleague, the Honorable Doug Walgren, chairman of the Science, Research and Technology Subcommittee.

[The prepared statement of Hon. Doug Walgren follows:]

PREPARED STATEMENT OF HON. DOUG WALGREN, CHAIRMAN, SCIENCE, RESEARCH AND TECHNOLOGY SUBCOMMITTEE

I am pleased to cochair this hearing on the Federal Commitment to Human Nutrition Research with my colleague George E. Brown, Jr., Chairman of the Subcommittee on Department Operations, Research and Foreign Agriculture and the ranking majority member of the Science, Research and Technology Committee. Our principal objective today is to reiterate Congressional support for basic and applied human nutrition research and to determine the need for legislative or other initiatives to stimulate research which will enhance the understanding of the relationship between diet, nutrition, and health.

This hearing is being held on the anniversary of the Subcommittee's hearing last June which prompted DHHS and USDA to submit the long overdue Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System in September 1981. Although we are pleased to learn that the Hispanic Health and Nutrition Examination Survey is proceeding as scheduled, we are concerned that a number of other critical goals have not been achieved in accordance with the fiscal year 1982 timetable developed by the Departments only last year.

The June 16 report, "Diet, Nutrition, and Cancer" developed by the National Academy of Sciences at the request of the National Cancer Institute clearly demonstrates the importance of a viable National Nutrition Monitoring System. The report also demonstrates the importance of a sustained Federal commitment to human nutrition research and the transfer of the resulting information to the scientific community and to the public. These needs were eloquently summarized by Dr. Frank Press, President of the National Academy of Sciences, in his letter transmitting the report to the Director of the National Cancer Institute. Dr. Press stated: "The American public has had a long-standing interest in the safety of the nation's food supply. The highly publicized estimates of the impact of environmental factors on cancer, particularly diet, have contributed to this interest as well as to a pervasive desire to adopt 'preventive' measures against chonic diseases. As you well know, the often conflicting advice rendered in recent years has done little to strengthen the public's confidence in scientific pronouncements. Clearly, there is a need for scientists to provide carefully considered and timely advice to the public."

I believe this report makes it clear that interdisciplinary human nutrition research is a major key to developing the knowledge necessary to resolve the alleged conflicts and controversies which prevail. In the interim, it is time to concentrate on the similarities of current dietary advice and plan a comprehensive research agenda which will take advantage of the technologies of the future. For example: Could new breeding, feeding, and processing techniques, or even genetic engineering, provide potential for reducing the fat content of meat and milk products? Is information technology an effective means of enhancing the delivery of nutrition and health services?

Nutrition monitoring is the foundation for expanding our nutrition and health knowledge base. It is essential for insuring the safety and quality of the food supply and for assuring that the nutritional needs of the public are being met. Such information is also needed by Congress and other policymakers for planning nutrition research strategy and for establishing program priorities consistent with budgetary constraints. The fact that DHHS and USDA are once again placing nutrition monitoring at the bottom of their mission list disturbs me greatly. Failure to move forward with nutrition monitoring raises serious doubts about the future role of the Federal Government in human nutrition research and the Administration's commitment to support this important interdisciplinary activity.

The Secretary of Agriculture has recently emphasized that USDA should be conducting only basic research and the Director of the National Institutes of Health has reaffirmed the view that NIH's primary mission is basic research. Likewise, the National Science Foundation has abandoned its small, but dynamic, research program designed to interface food science and nutrition. Thus, I am also concerned that applied nutrition research, such as nutrient bioavailability, nutrient toxicity, and techniques for effectively delivering health promotion and nutrition information are not receiving adequate emphasis. For example, the Food and Drug Administration (FDA) has recently issued a proposal that requires a warning label for liquid protein diet products that were linked to seventeen deaths in 1977 and 1978. I applaud the FDA's efforts, but I am concerned that research such as the underlying cause of the deaths associated with those products will not be addressed by the basic research philosophy of this Administration.

We will be interested to learn, from the witnesses today, of the Reagan Administration's commitment to human nutrition research and the dissemination of information to assist the public to better understand the complex interrelationships between diet, nutrition, and the quality of life. To enable other Subcommittees of the Science and Technology Committee, who also have an interest in this component of health, we have invited the Subcommittee on Natural Resources, Agriculture Research and Environment and the Subcommittee on Investigations and Oversight to join us here today.

Mr. Brown. At this time we would like to have Mary Jarratt come forward. She is here representing the Honorable Richard Lyng, who originally was scheduled to testify this morning. However, we understand he has been taken with an unfortunate illness, which we very much regret. We wish to express our condolences to Mr. Lyng and wish him a speedy recovery.

We welcome you as a distinguished member of the Department of Agriculture, and of course one with whom we are well acquainted in other roles in the past.

You may proceed.

STATEMENT OF MARY JARRATT, ASSISTANT SECRETARY FOR FOOD AND CONSUMER SERVICES, ON BEHALF OF RICHARD LYNG, DEPUTY SECRETARY, U.S. DEPARTMENT OF AGRICULTURE, ACCOMPANIED BY DR. ESTHER WINTERFELDT, ADMINISTRATOR, HUMAN NUTRITION INFORMATION SERVICE, AND DR. MARY CARTER, ASSOCIATE ADMINISTRATOR, AGRICULTURAL RESEARCH SERVICE

Ms. Jarratt. Thank you, Mr. Chairman. It is a pleasure to be here. I am, indeed, sorry that Mr. Lyng is not able to be with us. I am sorry on several counts: One for his health and one for the fact that he is much more conversant on many of the issues in which you are interested this morning than am I. Nevertheless, I will proceed.

I am accompanied today by Dr. Mary Carter from the Agricultural Research Service and Dr. Esther Winterfeldt from the Human Nutrition Information Service.

I will be happy to proceed either of two ways, Mr. Chairman. I can read this testimony that Mr. Lyng had or we can insert that and I can try to summarize and proceed with questions.

Mr. Brown. We would be pleased to have you pursue the latter course. We will make the full statement of Mr. Lyng part of the record following your oral presentation. You may proceed to summarize it, or extrapolate from it, or contradict it, or anything else that you see fit.

Ms. Jarratt. Thank you.

I would just comment that since we have appeared before you about a year ago many questions continue to arise about our organization of nutrition activities within the Department of Agriculture. We in the Department I think are very comfortable with that. Basically, the responsibility for most of the nutrition research the Department conducts is in the science and education jurisdiction with some research activities and most of the information distribution activities falling within the Human Nutrition Information Service, in my jurisdiction.

A number of other sectors within the Department of course deal with human nutrition information. The Office of Consumer Adviser is very involved in that activity, as is our Food and Nutrition Service.

Despite the fact there may be some concerns about the impact that our feeding programs are having on the health of low-income people in this country, I am not embarrassed about the fact that this administration is helping to provide low-income Americans—1 American in 10, as a matter of fact, is on the food stamp program—with food stamps.

The fact that the program may not have as strong a nutritional guarantee as many of us would like is something that was decided by the Congress a number of years ago, back in 1977 when the purchase requirement was eliminated. We no longer have nutritional guarantees in the food stamp program. In my opinion, that program simply supplements the income of low-income Americans.

Some of our other feeding programs do have stronger nutritional focus. I think that is desirable. However, because of the nature of the food stamp caseload, it has always been a dilemma. I am sure you recall we have dealt with that in the House Agriculture Committee. The fact that the caseload is so transient, on and off, is very difficult to deal with. It is very difficult to deal with a nutritional focus when you are administering a program through a welfare agency.

However, we do have concern for the population, the total population, but especially so for our low-income people. The Department has made a change in focus in that we are attempting to get the private sector to help us with more of our information distribution. We are adopting a user fee concept. There may be some disagreement about whether that is desirable or not, but when we are cutting benefits and we are trying to develop a more stable economy for all Americans, we do believe that some kinds of information are desirable to be done on a user fee basis.

We are very committed to the nutrition monitoring plan. I think we have a very good relationship between the Department of Health and Human Services and ourselves. We are committed to carrying forth the objectives of that monitoring system.

The research management report that is due this week is in the final clearances. I think it will be submitted to you in a matter of days. There is no major problem. There is a problem within our Department about some of the classification definitions within that system, but there is no problem with the intent of what the mandate requires. That will be forthcoming very shortly.

I think that is a very sketchy summary of some of our objectives in the Department. I will be happy to respond to your questions.

Mr. Brown. Thank you very much, Ms. Jarratt, for your testimony.

Ms. Jarratt, your testimony referred to an increase of $1 million for nutrition status assessment research, which was included in the fiscal year 1983 budget request. I would like to have you account for the decrease of $914,000 in the fiscal year 1983 request for the Human Nutrition Information Service. It looks to me as if this was a direct tradeoff of funds between basic and applied human nutrition research and does not really reflect any overall increase in nutrition research. Would you comment on that?

Ms. **Jarratt**. I am going to refer that to Dr. Winterfeldt, who is our Human Nutrition Information Service Administrator.

Dr. **Winterfeldt**. The funds for research that is coming through the Human Nutrition Information Service were put together this last year at the time of the reorganization. At that time they were allocated according to the best judgment.

The budget for the coming year is slightly less.

Mr. **Brown**. By slightly, do you mean $914,000?

Dr. **Winterfeldt**. I believe that is correct, Mr. Brown. We intend to make the best use of those resources that we possibly can.

Mr. **Brown**. The Department's budget analysis indicates that this decrease represents a reduction in field work for future nationwide food consumption surveys, which is, of course, a major component in the national nutrition monitoring system. Can you explain why it was decided to reduce funding for these surveys inasmuch as that could possibly delay the first survey, which is scheduled for 1987, to provide the interlocking data between the Nationwide Food Consumption Survey and the National Health and Nutrition Examination Survey?

I am not familiar with all these surveys myself, but I trust that you are.

Ms. **Jarratt**. Mr. Brown, I believe there has been some delay in the timing of the first users' conference that precedes some of these surveys. That was a contract problem. We are proceeding now with the National Academy of Sciences Food and Nutrition Board to orchestrate that users' conference. There may be a delay of some time on some portions of this monitoring system, but I do not think it will be an unreasonable delay. We do not contemplate delay at this time other than for the users' conference.

Dr. **Winterfeldt**. I would like to add one other thing to that. In the 1983 budget, part of that effect could be as Ms. Jarratt just indicated, the delay in the initiation of the continuing individual intake survey in 1985. There is a need to give further consideration to some alternative approaches. That was one of the reasons for the reduction at this point in time.

We do believe from our experience and from results of our methodological studies, that either are already under way or already completed, that these procedures are appropriate. We are in the process of attempting to satisfy the questions that have been raised back through OMB.

Mr. **Brown**. Ms. Jarratt, your testimony indicates that the Agriculture Research Service and Human Nutrition Information Service have primary responsibility for planning and executing human nutrition research within the Department and with other agencies. Could you identify what section in ARS and what position staffed by a human nutrition specialist is responsible for these research functions?

Ms. **Jarratt**. I am going to refer that question to Dr. Carter.

Dr. **Carter**. Thank you, Mr. Chairman.

The human nutrition research planning in ARS is carried out by an assistant to the Deputy Administrator in conjunction with five research center directors and their respective regional administrators.

Mr. **Brown**. We are informed that the individual we think you are referring to has been transferred to the Nutrition Research Center in San Francisco. Do you have any indication as to whether or not that is true? If so, will the position be filled by another qualified person?

Dr. **Carter**. That is under consideration by the individual in that position. Should he decide to move to San Francisco, he certainly would be replaced by someone of equal or superior capabilities.

Mr. **Brown**. You guarantee that?

Dr. **Carter**. We shall seek such a person.

Mr. **Brown**. Ms. Jarratt, your testimony indicated—I guess it is really Mr. Lyng's testimony—the Human Nutrition Information Service is located in the National Agricultural Library. Is this the Food and Nutrition Information Center within HNIS? Would that center be able to continue their mandated functions inasmuch as we also understand that five out of the seven staff have recently been RIF'd? We also understand that there have been additional RIF's. Would you comment on that aspect of the question first, if you are familiar with it?

Ms. **Jarratt**. That particular division has had some cutbacks. I do not think that because we cut back in staffing we necessarily are destroying the total function of the agency. That agency is small. It had to take some budget reduction, just as all of our other agencies have. We are trying to structure that in such a way that we hope we can still distribute materials and respond to our mandate. I do not think the difference of two or three people is going to mean that we do or do not meet that responsibility. We think there may be some other technologies that will help us. We are exploring activities with private sector initiatives that we think are responsible ways of dealing with nutrition information dissemination.

In some cases that has been more completely dealt with by the Federal Government, so it is regrettable perhaps that some people have a different viewpoint of where these cuts should be made but we believe they should be made. We do not believe that it will detract from the overall function of the Human Nutrition Information Service.

Mr. **Brown**. Mr. Evans, do you care to make a statement or ask any questions at this point?

Mr. **Evans**. Yes, I would like to do so, Mr. Chairman. Thank you very much.

[The prepared statement of Hon. Cooper Evans follows:]

Prepared Statement of Congressman Cooper Evans

Mr. Chairman, I am pleased that we are having this hearing today and I hope it is just the first step in developing a sound body of information relating to our diets. The statement released by the National Academy of Sciences on June 16th was done, it appears, without benefit of sound research data.

The plan released last Wednesday gave the American people another set of dietary guidelines, this time under the guise of reducing the risk of cancer. In its executive summary, the NAS talks about insufficient data for specification of an improved diet or how improved diets might lower these risks, but then in the same report it issues a diet with specific recommendations.

It is full of inconsistencies. For example, a 1981 NAS study on the cancer causation of nitrites and N-nitroso compounds, stated that the largest source of dietary nitrite is vegetables, while cured meats contain much less. Furthermore, cured meats account for only a small portion of total exposure to nitrosamines. Then, according to the June 16th statement, we, the American people, should eat very little salt cured foods because of N-nitroso compounds. Well, what about vegetables? Now are we supposed to eat more of them and get even more N-nitroso compounds? These compounds are even heavily contained in our saliva, so how are we supposed to handle that concern? "Toward Healthful Diets," issued by the Food and Nutrition Board of the NAS in 1980, reported that no cause and effect relationship, only coincidence, has been proven between nutrition and any type of cancer, and that there is "no basis" for recommending that Americans modify the proportions of macronutrients in their diet. But the NAS just did so last week!!

In 1979, Dr. Upton, then Director of the National Cancer Institution of the NAS stated that "Although data suggests a role of fat and fiber in the causation of cancer, that role has yet to be defined, and how changes in their intake might contribute to prevention of cancer is not certain . . ." Yet, last week the report suggested that an increase in lipids increases the risk of cancer. Without citing any new evidence, it is inferred that more fiber from vegetables will decrease the risk of cancer.

The change in these positions is, indeed, puzzling, Mr. Chairman, and for that reason I am pleased that we are looking seriously into these apparently unfounded recommendations. The health of Americans must be foremost in our minds, and those of us who represent districts in the Congress which produce massive amounts of our food are concerned that we continue to be the best fed people on earth with reliable and safe diets.

Secretary Jarratt, as I look at the testimony that Secretary Lyng would have delivered if he had been here this morning, he talks about the mission of the Human Nutrition Research in ARS as "aimed at defining nutritionally adequate diets from the prenatal stage through old age, research to evaluate the nutritional status of individuals and the population, and to obtain accurate data on the nutrient composition of foods and to determine the biological availability of various nutrient forms." That is all well and good and most appropriate.

However, there now is something new upon the scene. That is the National Academy of Sciences report discussing the relationship between diet, nutrition, and cancer—something that has caused a great deal of concern in the agricultural community, which is the principal responsibility of your agency.

Really what I am getting at is this: What is being done in the Department at this point perhaps to reorient the direction of your work in this human nutrition research to answer the questions that are raised by that report? It seems to me that it is terribly important that the Department of Agriculture at this point take the lead in resolving some of the uncertainties that have been brought before the public which certainly are going to cause huge damage to the agricultural industry in this country if they are not settled.

I missed the first part of your testimony and your statement. I am sorry about that. However I have not heard you say anything about the Department's concern and steps being taken to resolve the questions that have been raised that potentially are terribly serious for agriculture. Could you comment on that?

Ms. **Jarratt**. Yes, sir. We are concerned about that report. The Department of Agriculture has two responsibilities: To look out for the health and well-being and provide information for our population and also to help promote the production of our agricultural commodities in this country.

We believe that those two mandates are not in conflict with each other. The Department has not had an official statement on that report because we have not had a chance to review it.

We are convening a review committee under the Policy and Coordination Council, which I head. Dr. Esther Winterfeldt will be the lead scientist in our Department looking at the report. Others who have an interest and direct responsibility for these matters will be joining with her in a working group.

The Department will review that, but the Department does not believe it is appropriate to comment officially on the report until the report has been subjected to peer review and until we have had a more detailed look at it. That will be forthcoming soon, I hope.

However, I think many of these reports which come out dealing with food and its possible linkage to health problems are constructive in many ways. Nutrition is a young science. The reason that we have such controversy about this is that we are hampered by a lack of absolutes in many areas. Therefore, we believe that the forum should be open and that responsible discussion should occur about the report on a peer-review basis. That is what we hope will take place.

Mr. EVANS. Yes, I think that is a logical first step. I would not take issue at all with that.

However, I guess what I am searching for is some assurance that after you have evaluated the report the Department is prepared to respond and perhaps redirect some of its energies and its efforts to resolving the uncertainties that are raised by this report, in view of the tremendous economic potential of that report and possible harm to the agricultural industry in this country.

Ms. JARRATT. It might cause us to have a refocus of our research priorities. That certainly would be one outcome of the review.

The committee would be making recommendations as to what the Department should do within its responsibilities to further address those issues. I am sure that would be a part of the review.

The Department has not been unrecognizing of some of these issues. From my brief, cursory review of the report, there is little that is startling or absolutely new knowledge in that document. Therefore, I think many of our scientists in Government as well as outside already are dealing with those issues. It is just that they do not have the absolutes that we would like to have.

Mr. EVANS. I would agree with you that there is not much new in the report, but the fact that it is receiving a great deal of attention means that it is causing a great impact out there with the public, and the potential for harm to agriculture is very great. I certainly would hope that the Department would view it in that light and respond accordingly.

Ms. JARRATT. Yes, sir; we will review it in light of its impact on our producing community as well as in the light of the responsibility we have for sound nutrition information. We will keep both of those objectives in mind.

Mr. EVANS. Thank you.

Mr. BROWN. Mr. Weber?

Mr. WEBER. Thank you, Mr. Chairman.

I am sorry I missed your testimony, Secretary Jarratt. I just want to underscore what our colleague from Iowa has said and put it in a little different context.

I do not think you can appreciate or address the problem of the impact of this specific report on the markets today, tomorrow, and the next day. The problem we face is related to several things, one of which is the long-term change in dietary habits currently taking place with regard to meat consumption in this country.

I view the report that Mr. Evans was talking about as just one of a large number of things that have happened over recent years—the nitrites controversy being the most widely noted—that have caused considerable apprehension in the public about eating meat generally.

Nobody would suggest that we shut off legitimate questions about nutrition, but I think it is incumbent on the Department to view that as a long-term problem and not just to simply respond to this study, that study, and the next study but to have a long-term approach toward educating the public about meat consumption particularly. I would hope that you would address it as an ongoing concern.

Ms. JARRATT. We certainly are addressing it, Mr. Weber. I believe that the report did not isolate the components in the food supply. The part of the report that would have a direct impact on this is the part about the reduction in fat consumption. I do not think the report articulated among the fats. It said reduction in total fat. Fats come from many foods other than meat.

The portion of the report that deals with the processing of meats certainly is a concern for our meat processing industry. I would tell you that since the report has come out we have monitored meat prices, which you know are dramatically down, and we have monitored our request for nutrition information, which is dramatically up since they released the report.

It is a juggling act. I think that we will have to continue to look at it with our counterparts in other portions of the Government and the private sector, too. However, we are very cognizant of the ramifications that this can have. The Department's directive is still to eat a well-balanced diet with components from every portion of the food supply. We are not singling out the portions of the food supply for exclusion in our dietary guidance. We are recommending a well-balanced variety of foods.

Mr. WEBER. I appreciate that. I have read the report. Although we may disagree with some things, it is reasonably balanced.

The problem, of course—at least those of us who are representing agricultural districts—is that the consuming public does not read the report. The consuming public reads a headline about the report or sees a 30-second shot on the evening news about the report which basically says eat less meat and more fruit.

Ms. JARRATT. I am shocked to find how the public interprets a lot of things that I do not link in the same way. I do think we have to be very concerned about public exposure of the report and whether it adequately reflects the intent of the writers of the report.

We can do as much as we can within the Department, but we cannot control that. I continue to be shocked at some other things that I see that are interpreted differently from what we intend. It is not just isolated to this report.

Mr. **Weber**. I understand that. I will not belabor the point.

I have had an opportunity to talk with Isabel Wolf about the Department's activities in this regard. I am glad we have a Minnesotan in that job.

Ms. **Jarratt**. We are glad to have her, too.

Mr. **Weber**. I do think that you are moving in the right direction. It is certainly better than your predecessors. I do think it is an ongoing concern.

Ms. **Jarratt**. Thank you.

Mr. **Weber**. Thank you.

Mr. **Brown**. Ms. Jarratt, continuing to comment briefly on the Academy report, we might take the view, based strictly on parochial interests, for example, that if we are from a meat-producing State we would take umbrage with the report because it appears to reflect on meat. Since I come from a fruit-producing State, I might say it is an excellent report because it emphasizes the value of fruit.

However, on reflection I would say that neither posture is particularly helpful. What we really need to be concerned about is what is in the best interest of the health of the American people and what is in the best interest of the agricultural industry. It is not in the best interest of the agricultural industry to insist upon their right to produce and distribute commodities which do not necessarily contribute to the well-being of the American people. That is not a right of any segment of the American economy.

The problem is—and this is at the root of why we pester you about nutrition research—we need to know what really is in the best interest of the health and welfare of the American people. We need to know it as precisely as the best research will enable us to know it, recognizing that we will never have perfect knowledge.

As you know, time after time after time we have brought up the questions of how to improve the nutrition research system, how to coordinate it better with your distinguished colleagues from the Department of Health and Human Services, how to make the information more readily available to the American public, and how to make policy decisions in the Congress based upon this information.

Sometimes it may seem that these hearings are, from your standpoint, purely for the purpose of nitpicking. However, they really are aimed at a fundamental and important purpose. It will not help to take the Academy's report and say that it is a bunch of ivory-towered no-goods who are out to sabotage us hard-working farmers. That is not going to help anyone in the long run.

There are defects in any report. No group of distinguished citizens, even scientists for whom we all have great respect, is without flaw. They can come up with wrong interpretations. However, I doubt that you are going to come up with any better interpretations from any other group. To merely try the approach of carping at an Academy study is in the long run going to be counterproductive, even to the meat industry. In the long run, the meat industry is going to have to establish a good, solid case that eating lots of meat contributes to healthy American people. If they cannot make it, they are not going to sell a lot of meat.

That is why we need better human nutrition research. I apologize for editorializing.

Ms. JARRATT. Mr. Brown, I certainly would not want to disagree with you on that, nor to leave you with the impression that the Department intends to carp at the report. We do not. We think it is a significant piece of evidence in an arena which is continuing to develop. We are going to give it the scrutiny that I think we should give it, but we do not go into it with any bias. I do not think we should. If we were going to do that, you would have seen those remarks before. The Department has not taken that approach. We are not going to take that approach.

Mr. BROWN. I am reassured with that. I want to assure you that I do not take the report as gospel any more than anyone else does, mainly because I know there are vast areas in which we do not have enough information to make definitive judgments; we can draw general conclusions. However, they certainly are not finally binding.

Let me proceed briefly to one or two other questions. I see the distinguished ranking minority member of the Agriculture Committee here. As soon as he has had an opportunity to catch his breath, I will recognize him.

Referring to the Nutrition Research Center at Tufts, we understand that the Department is considering a so-called GO-CO arrangement for the Tufts center, Government-owned/contractor-operated or contracted out. I would like to have you explain why you are considering such an arrangement in view of the history of the Tufts facility and the amount of money that already has been appropriated to construct it, as well as the other factors involved such as the role of the private sector.

Ms. JARRATT. Dr. Carter is able to respond to that.

Mr. BROWN. Dr. Carter, would you like to give us a few words of wisdom for the record on that?

Dr. CARTER. Yes, Mr. Chairman. The limited number of personnel slots that are available to the Agricultural Research Service poses a serious hindrance to adequately staffing the newly established nutrition research centers.

Inasmuch as it is unlikely that personnel ceiling slots will be increased in the near future and inasmuch as it is important, nevertheless, for the Agricultural Research Service to implement human nutrition research programs as rapidly as possible, the Department of Agriculture has initiated a study to assess the possibility of developing a Government-owned/contracted-out operation at Tufts University at the Human Nutrition Research Center.

This GO-CO operation would be consistent with the administration's policy in involving the private sector in Federal program execution.

Mr. BROWN. Does that conclude your statement?

Dr. CARTER. Yes, unless you have some questions.

Mr. BROWN. Dr. Carter, very frankly, we are not absolutely satisfied as to the explanation for this. Could you tell us if this plan has been checked for consistency with OMB's circular A-76?

Dr. CARTER. Our administrative staff is in the process of determining the feasibility of our entering into such an operation as a GO-CO operation.

As you must realize, it is important that we have an effective program. By having a GO-CO operation, it would allow us, or allow the contractor, to hire exceptional scientific staff at competitive salaries and the overall staffing of the center would be easier to achieve.

Mr. **Brown**. Has this matter been discussed with the Board of Scientific Counselors which is to advise the Department on the centers, as required in the legislation?

Dr. **Carter**. To my knowledge at this time, Mr. Chairman, the issue has not been brought before this board. We have not completed our feasibility study to the point that we feel we should bring this to their attention.

Mr. **Brown**. Do you happen to know whether the plans include proceeding with some of the other USDA nutrition research centers on the same basis?

Dr. **Carter**. At the present time we have not made any plans to proceed with such an operation at the other research centers.

Mr. **Brown**. We are going to guinea pig it on Tufts. If it works out, we might go further? Is that it?

Dr. **Carter**. That depends on many things in the future.

Mr. **Brown**. Including how much Congress objects to it? Would that be considered?

Dr. **Carter**. I think it would also have some impact with regard to our budget and other constraints which we cannot anticipate.

Mr. **Brown**. Mr. Wampler, do you have any questions at this point?

Mr. **Wampler**. Thank you, Mr. Chairman. No, I do not.

I apologize for being tardy. I have had people in my office since very early this morning. This does not indicate a lack of interest in the subject matter of the hearing. I expect to be here for the remainder of the session and perhaps will have some questions later that I would like to pose.

Also, Mr. Chairman, after having had an opportunity to more thoroughly digest the testimony this morning, I may have some questions which I would like to submit in writing with the hope and expectation that the witnesses would respond.

Mr. **Brown**. Of course, if you have a statement in the nature of an opening statement or anything similar, without objection, it will be inserted in the record.

Mr. **Wampler**. Thank you, Mr. Chairman.

Mr. **Brown**. I presume we should vote on the question of whether to approve yesterday's journal.

Mr. **Wampler**. Mr. Chairman, in light of what happened yesterday, we may object.

Mr. **Brown**. I am going to vote against it myself. [Laughter.]

I would ask the indulgence of the witnesses. If you would not mind waiting, we will have a 10-minute recess so that we can vote. You can relax.

[Recess.]

Mr. **Brown**. The hearing will be in order.

Ms. Jarratt, I want to ask you a couple questions to follow up on our hearings of a year ago. I am really not doing this to heckle you or anything of that sort, but I think it is a good process to try to have a certain amount of continuity in these hearings on a complicated subject which we return to time after time.

Last June the General Accounting Office suggested that the Congress designate a lead agency to insure the completion of the national nutrition monitoring implementation plan. You said at that time, "I believe we have this surveillance plan on a faster track now than it has been in the past, and perhaps if ~~you were to~~ extend your period of commitment on this issue for a year, you might see whether you needed to designate one or another." That is designate a lead agency. That was a year ago.

I would like to have you comment as to what has happened over the last year. Has the Department made progress? How would you rate that progress? How would you suggest that Congress insure that the plan is completed in a timely fashion?

Ms. JARRATT. Our Department is committed to that plan, as is the Department of Health and Human Services. One way that you might monitor our activities is, if a disagreement arises that is not able to be resolved, of course the Congress would focus in on that. However, I do not believe the two Departments have had major differences. In fact, we are quite committed to the joint implementation plan.

The dilemma that we are in is that I indicated that a funding situation may develop that would postpone for a short period of time a certain survey, or whatever, but we are not contemplating that at the moment.

The users' conference was postponed but, as I understand it, it was a problem with the group with which we originally had contracted to conduct it. We are out of that situation and moving ahead to have a users' conference. It is going to be a little bit delayed, but that was really nothing that the Department planned. It was not a planned delay. It was something that was unavoidable.

I believe that the relationship that we have with HHS is a good one and a very workable one. I think we both are equally committed to the plan. I do not see any cause for concern.

Mr. BROWN. Could you give us a status report on the pilot projects for nutrition monitoring of low-income families which is mandated in the 1981 Food and Agriculture Act?

Ms. JARRATT. The contract has just been approved with OMB, so we will be proceeding with that.

Mr. BROWN. The problem here, as in a number of other situations, is that the expectation of Congress as reflected in the act was to receive this first report by July 1 of this year. Obviously, we are not going to do that. Our questions are intended to reflect our concern that we are not going to do that and, hopefully, to create some feeling of urgency that we try to move more promptly to meet these legislative deadlines.

This is not to assert that all legislative deadlines are sacred or even reasonable. They frequently are not. We know that. However, we have nothing better to measure progress. We emphasize that. If it appears, for whatever reason, that they are being disregarded completely, it arouses our concern. We would hope that we might do something in order to help you more effectively meet those deadlines.

Ms. JARRATT. The project has taken longer for approval than we had anticipated, but it has been approved now. We do hope to move expeditiously with it. We will provide you a timeframe, if that will help.

Mr. BROWN. It would help us, Ms. Jarratt. We would like to have the timeframe. You may submit that for the record, if you will.

Ms. JARRATT. Fine.

[Material to be supplied follows:]

The Request for Proposals (RFP) for the Pilot Study of Measures of Individual Food Intakes of the Low-Income Population was approved by the Office of Management and Budget (OMB) on June 22, 1982. The RFP will now be advertised and a contractor selected, with anticipation of having the contract signed in September. Fieldwork for the study, depending on OMB approval of forms, should be initiated in early 1983.

Mr. BROWN. Of course, your words are being taken down and you will be reminded of it.

I would like to call on Dr. Ostenso and ask her if she has any other items having to do with this same general nature of adhering to scheduled dates, and so forth, which she would like to have in the record.

Dr. Ostenso?

Dr. OSTENSO. I was about to ask some questions for Mr. Walgren but, inasmuch as he is here now, let me allow him to proceed.

Mr. WALGREN. I have something I do have to do right now for approximately 10 minutes. Therefore, please proceed to ask the questions on my behalf. That will cover it for the record. I will be back.

Mr. BROWN. We will grant you a 10-minute recess.

Mr. WALGREN. Thank you.

Dr. OSTENSO. In following up the last question, is the contract for your data users' conference, being jointly funded by USDA and HHS?

Ms. JARRATT. No, it is not.

Dr. OSTENSO. If the ultimate purpose of the nutrition status monitoring plan is to develop a compatible survey and interlocking data, then isn't it important that the users of both the HANES data and the food consumption survey data participate in the conference? Shouldn't they participate in the same conference?

Ms. JARRATT. Dr. Rizek has been monitoring the development for that users' conference. Let me call him to the microphone.

Mr. BROWN. Identify yourself, please, Doctor.

Dr. RIZEK. I am Robert Rizek, Director of the Consumer Nutrition Center in HNIS.

It was decided in joint conference with Dr. Murphy from the Health and Nutrition Examination Survey, that due to the wide range of interests in the HANES survey and in the USDA survey, that it would be better to hold separate data users' conferences. But we would jointly participate in each other's conference as well as the coordination committee of the various departments that now is being set up; that is, it is being selected by members of the other departments of Government.

Dr. OSTENSO. Aren't the users of the data from the two surveys similar? Will the participants be different at each conference?

Dr. **Rizek**. There will be some overlap, as you well know, Dr. Ostenso, although the overlap of the two surveys is in the dietary intake and the general socioeconomic questions that are asked. We are in the process of meeting and have a committee formed from the sampling statisticians from both Departments. In developing joint questions that would be used, there is very little difference. Where the overlap is is in dietary intakes. We do have a methodological study that is now at OMB for clearance. I believe that both Departments would use the same dietary intake methods in future surveys.

However, due to the wide difference in the health professionals and the nutritionists, economists interested in the USDA food consumption survey, it would be better to hold separate conferences, although we would both participate in each other's.

Dr. **Ostenso**. I guess the studies I have seen analyzing the data by outside groups, such as private industry, have usually made a comparison between the two surveys. I think a lot of people may be the same users and, even though they may be HANES users, may have important comments to make about the Nationwide Food Consumption Survey.

Mr. Walgren also had indicated that he would like this question asked: The recent Academy report on diet, nutrition, and cancer offered interim dietary guidelines. The USDA and HHS Dietary Guidelines issued in 1980 were also intended for people who are healthy and those guidelines appear to be similar in some respects to the NAS guidelines.

Ms. Jarratt, in a speech in March you indicated to the grocery manufacturers that, "we plan to review and update those guidelines as needed once our current supply is exhausted". Is this review currently in place or will it be implemented as a result of the new report from the Academy?

Ms. **Jarratt**. No; the Department intends to review the guidelines. That is a statutory obligation that we have. We are required to do that by appropriation language from the Senate bill. We do have a roster of candidates for the review committee. We have the paperwork in process within GSA to approve the establishment of that committee. That should come forth shortly I would think.

Dr. **Ostenso**. Will the Department's review of the recent report be included as a subject matter for that committee?

Ms. **Jarratt**. That committee will not operate under strict direction from the Department. It is a committee that we will be setting up. It has representatives from HHS and candidates recommended by the National Academy of Sciences. I would hope that they would be very wide-ranging in the matters they review. I am sure the Academy report will influence their decisions because that is a piece of knowledge that has come about since the guidelines were established. I feel confident that the committee will be looking at the Academy report, too.

Dr. **Ostenso**. "Ideas for Better Eating" was published by the Department in 1981 to supplement the Dietary Guidelines; it appears to have essentially the same dietary guidance criteria as the Academy report, do you plan to make that publication available?

Ms. **Jarratt**. Yes, we do.

Dr. **Ostenso**. Is it currently available?

Ms. Jarratt. It is available.

Dr. Ostenso. Is there a user fee attached to this publication?

Ms. Jarratt. Once the current supply is exhausted, as with our dietary guidelines, there will be a user fee attached to it. We still have some number of dietary guidelines left, and we still have some of this document. When that supply is exhausted, a user fee will be attached.

Dr. Ostenso. I raise the question because in a letter to Mrs. Heckler from Secretary Gifford last September he indicated that the supply of "Ideas for Better Eating" was exhausted. Have you reprinted since that time?

Ms. Jarratt. There are very limited copies left, I understand, but we do have a few; yes.

Dr. Ostenso. In view of the Department's delegation of authority to HNIS, which essentially is to assemble and disseminate nutrition information materials, why did USDA give the American Dietetic Association the manuscript for the publication "Food/2"? What was the decision process that took place between the time last September when Secretary Gifford indicated that the Department would publish "FOOD/2" and that the funds were available for it from the fiscal year 1980 budget and the time the Department decided not to publish it?

Ms. Jarratt. The total of "FOOD/2" was reviewed by the Department. We did sign a joint agreement with the American Dietetic Association to print the first chapter. They are proceeding to do that. We are hopeful that they will publish the second chapter. The document, we think, is a good one. The American Dietetic Association has the second chapter, and I believe they will print it. I am hopeful they will.

Dr. Ostenso. Does the second chapter refer to "FOOD/2" or does the second chapter refer to the fat chapter?

Ms. Jarratt. The second chapter refers to cholesterol—you might dub it "fat chapter." It does have some linkage to other parts of the food series, but we believe that chapter is specially targeted for people who have concern about the possible linkage with fat and some disease potential. It is not necessarily guidance for the total population.

Dr. Ostenso. Can you give us an estimate of the budget expenditures over the years that were contributed to the production of "FOOD/2"?

Ms. Jarratt. We can supply that. I do not have it at my fingertips.

[Material to be supplied follows:]

The publication entitled FOOD/2 was a joint undertaking of the Human Nutrition Information Service (HNIS) and the Office of Governmental and Public Affairs (OGPA). HNIS staff performed the research and wrote the manuscript. The staff time involved amounts to about $124,000 in salaries for eight professionals and five support personnel. OGPA contracted for the editing, design, layout, and typesetting of manuscript and for photography. OGPA's contract with Tetrad, Inc., was for $29,052. When the galley was divided so that the two chapters could stand alone, changes had to be made in the camera-ready copy. These changes cost about $5,540. OGPA estimates its in-house costs of approximately $2,000.

Dr. Ostenso. Will the Department, in return for making the manuscript available to the Association, receive copies for the use of its nutritionists?

Ms. Jarratt. Yes, we will.

Dr. Ostenso. I have one final question which concerns the Nutrition Research and Information Management System which was mandated in the 1981 farm bill with a due date of yesterday. A question appears to have surfaced concerning multiple accounting for one activity. For example, a research activity may address food intake and it also may address a diet/disease relationship. In that case, you could allocate 100 percent of the expenditures to dietary status as well as 100 percent of that expenditure to a specific disease category.

Does this seem to be in agreement with USDA? What are the advantages or disadvantages of a multiple accounting system?

Ms. Jarratt. Dr. Winterfeldt will address that question.

Dr. Winterfeldt. There has been extensive discussion of the classification system that has been developed within the Joint Subcommittee on Human Nutrition Research. The provisions in the agreement, the joint agreement, are such that it will continue to be discussed and refined considerably further. It is a concern from the standpoint that the present accounting system or present reporting system—the so-called CRIS system in USDA—is a little different system than the one that is being looked at for these joint purposes. Naturally, there is some concern as to whether or not we would be duplicating and trying, in effect, to implement another reporting system. We want to make them as compatible as possible.

Dr. Ostenso. Considering that the real purpose of that information system was to assist each individual agency in planning ahead for their research priorities and investments, is there a difference, then, between which kind of accounting system would be most helpful to each agency?

Dr. Carter. The accounting system that is used by the Agricultural Research Service, as well as by the Human Nutrition Information Service, is a system which does not have double accounting in it. We break out our projects according to the percentage that the research contributes to a particular problem area.

Our plan at the present time is to discuss this further with the participants at HHS to see if we can arrive at a classification system that would fit both the research project system of the Agricultural Research Service and the research system that is now operative in HHS.

Mr. Brown. Thank you very much, Ms. Jarratt, Dr. Winterfeldt, and Dr. Carter. You have helped us a great deal.

As you know, we are trying to keep the pressure on you. We hope that you will keep us informed as to how well our efforts are working.

Ms. Jarratt. We appreciate the interest you take in this matter, Mr. Brown. We are very committed to helping to refine this issue and to perfect it, and we hope in a way that is suitable for your scrutiny as well as for our mandate. We believe it is consistent. We are happy to come to speak with you.

Thank you.

Mr. Brown. Thank you very much.

[The prepared statement of Richard E. Lyng follows:]

STATEMENT OF
RICHARD E. LYNG, DEPUTY SECRETARY
U. S. DEPARTMENT OF AGRICULTURE

Mr. Chairman, we are pleased to appear before you today to discuss the Department's activities regarding human nutrition research and the implementation plan for the National Nutrition Monitoring System. I am accompanied by Dr. Esther Winterfeldt, Administrator of the Human Nutrition Information Service and Dr. Mary Carter, Associate Administrator of the Agricultural Research Service.

Human Nutrition Research

The inhouse activities in the area of human nutrition research became the responsibility of the Agricultural Research Service (ARS) when the reorganization of the Department occurred last June. There was some concern expressed at that time for the future of the human nutrition research program. I reported to the Committee last year that the program was then and it continues to be now a priority in our program planning. This commitment is apparent in the increase request of $1 million for nutritional status assessment research and $810,000 to help offset human nutrition research increased operating costs in the very constrained FY 1983 President's budget. The mission of human nutrition research in ARS includes research aimed at defining nutritionally adequate diets from the prenatal stage through old age, research to evaluate the nutritional status of individuals and the population, and to obtain accurate data on the nutrient composition of foods and to determine the biological availability of various nutrient forms. This will provide the scientific basis for people to make informed choices of healthful diets.

ARS-Human Nutrition has primary responsibility for planning and executing human nutrition research within the Department of Agriculture, and for assisting in the coordination of nutrition-related activities within USDA and between USDA and other agencies.

While ARS conducts the majority of the human nutrition research in the Department, the Cooperative State Research Service has primary responsibility at the Federal level on behalf of the Secretary of Agriculture to facilitate achievement of the purposes of the State-Federal partnership in agricultural research. The partnership in publicly-supported agricultural research involves the programs of Federal agencies and the programs of the States which meet the needs of American agriculture through research.

Human nutrition research programs in the States complement and support inhouse research in USDA. About 20 percent of the USDA funds spent on nutrition research are spent to support studies in the State agricultural experiment stations, the 1890 land-grant institutions and other cooperating institutions. These federal funds are authorized for programs under the Hatch Act, as amended, and other acts for the Evans-Allen programs at the 1890 Colleges and Tuskegee Institute, and for the Special and Competitive Research grants.

The Experiment Station Committee on Organization and Policy (ESCOP) has a standing subcommittee consisting of representatives from the four regions and the 1890 institutions, to further cooperation and focus on long-range planning. The Human Nutrition Information Service and the

Economics Research Service also conduct human nutrition research related to their missions. Extension Service and Food and Nutrition Service are the primary disseminators of the information derived from the research.

ARS-Human Nutrition maintains and manages five research centers, the activities of which are described as follows:

Beltsville Human Nutrition Research Center--The Beltsville, Maryland, Center plans and conducts research related to establishing human requirements for macronutrients and micronutrients vital to optimal health and disease prevention. Research activities include determining:

- Human requirement for proteins and amino acids, carbohydrates, lipids, minerals, and vitamins.
- Composition of foods relative to those nutrients required by and biologically useful to humans.
- Nutrient forms present in foods that are useful in meeting human nutritional requirements.

Grand Forks Human Nutrition Research Center--The Grand Forks, North Dakota, Center pluns and conducts research related to human nutrient requirements, with emphasis on trace minerals. Activities include research aimed at determining:

- Nutritional requirements for zinc, nickels, copper, and other minor elements and their relationships to optimal health, function, and performance.

- Physiological and biochemical factors influencing minor element requirements in all age groups.
- Biological availability of minerals and effects of non-nutritive factors in foods on availability of minerals.

Children's Nutrition Research Center at Baylor College of Medicine--The Houston, Texas, Center plans and conducts research to develop a scientific basis for standards of nutrient intake and assessments of nutritional status with special attention given to establishing:

- Nutrient requirements in infants, children, and pregnant and lactating women.
- Relationships between nutrition and physical and mental development.
- Role of diet for optimum growth and development.

Human Nutrition Research Center on Aging at Tufts University--The Boston, Massachusetts, Center plans and conducts research on nutrient needs of the elderly and the relation of dietary factors to the aging process. Current studies focus on:

- Nutritional needs for optimal health, function, and performance throughout the lifespan.
- Physiological and biochemical factors associated with aging which influence dietary requirements.
- Dietary factors which influence the aging process.

Western Human Nutrition Research Center--The San Francisco, California, Center plans and conducts research related to nutritional requirements and intervention programs. Its research activities are concerned with:

- Identifying the factors resulting in suboptimal nutritional status.
- Developing reliable, efficient, and inexpensive methods of defining and monitoring nutritional status.
- Developing nutritional criteria for use in designing and evaluating intervention programs.

The reorganization of the Science and Education area in June 1981, transferred most of the inhouse human nutrition research activities to ARS except for the activities of the Consumer Nutrition Center and the Human Nutrition Information and Dietary Guidance Staff; those activities were transferred to the new Human Nutrition Information Service.

ARS continues to plan and manage human nutrition research with the objective of maintaining its unique status and identity and to assign the same high priority in the future that it has had in the past. To assure this, other mechanisms are in progress.

1) Human Nutrition is highlighted as Objective 5 in ARS's Long-Range Strategic Planning Process. The new organization allows human nutrition research planning to be integrated with other USDA agricultural research. There are many areas of mutual interests especially in crop production and animal nutrition.

2) On April 9, 1981, the Secretary, through Memorandum No. 2030, established the Human Nutrition Board of Scientific Counselors. It is responsible for externally reviewing the programs of other agencies as well as the five centers and advising USDA on research scope and quality. Members have been selected by the Secretary from outside USDA and they have all accepted his invitation to serve. USDA officials will serve on the Board as "ex officio members" only.

3) In July 1981 the Secretary established a Policy and Coordination Council for policy determination and issue resolution of all USDA cross-cutting issues. This Council is comprised of the Secretary, the Deputy Secretary, all Under and Assistant Secretaries, the Director of Science and Education, the General Counsel, and the Inspector General. Each chairs a committee for dealing with issues that fall primarily in his/her area and necessitates interagency coordination. There are two nutrition-related committees. The Assistant Secretary for Food and Consumer Services, who is the key policy official for USDA's nutrition program, chairs the Food and Consumer Services Committee. The Director of Science and Education, who is the key policy official for nutrition research, chairs the Research and Education Committee.

COMPETITIVE RESEARCH GRANTS PROGRAM

The Competitive Research Grants Program, both in the Plant Sciences area and the Human Nutrition area, is closely coordinated with the other research programs of Cooperative State Research Service and with those of the Agricultural Research Service (ARS).

A call for submission of competitive grant human nutrition research proposals for FY 1982 was issued in December 1981 and it is estimated that the awards will be made in late summer. The research proposals are intended to contribute to the improvement of human nutritional status by increasing our understanding of requirements for nutrients. Their objectives are to support basic, creative research that will help to fill gaps in the knowledge about nutrient requirements, bioavailability, the interrelationships of nutrients, and the nutritional value of foods that are consumed in the United States and of the nutritional status of population groups, as all of these relate to human nutrient requirements. Special attention is being given to applications involving innovative approaches designed to improve methods of research and investigation that will increase the reliability and validity of data concerned with the quantitative evaluation of nutrient requirements and nutritional status.

The Department, through the Extension Service, the Human Nutrition Information Service, the Food Safety and Inspection Service, and the Food and Nutrition Service, provides materials and information to the public sector on nutrition and health. The Extension Service has an educational delivery system that reaches into virtually every county in the United States. The Human Nutrition Information Service, located in the National Agricultural Library, responds to written and personal requests and provides a 24-hour telephone monitoring service to respond to public request for information on human nutrition and health.

To help in responding to the scientific community's need for information the Department maintains the Current Research Information System (CRIS). The CRIS database contains over 27,000 project descriptions of publicly supported agricultural and forestry research in the United States--ongoing and recently completed research conducted by the USDA, State Agricultural Experiment Stations, State Forestry Schools, U.S. Schools and Colleges of Veterinary Medicine, 1890 Land-Grant Institutions, and recipients of the USDA Special and Competitive Research Grants Program. Topics include the broad areas of agriculture, forestry, food and nutrition, and rural life. CRIS/USDA may be accessed from almost any location in the United States and Canada and from other countries around the world including Mexico, Australia, the Philippines, and Western Europe.

The Department provides materials to the public on nutritional matters. This is being accomplished through the ongoing activities just mentioned, an integrated intramural and extramural research program, close cooperation with the Department of Health and Human Services to implement the National Nutrition Monitoring System, expanded initiatives with the private sector, and innovative use of new technologies. Approaches include cooperative ventures with professional societies, foundations, and private enterprises and dissemination of information by new computerized communications systems. For example, the Human Nutrition Information Service and the Extension Service are participating with the American Red Cross in the development of a new course in nutrition. In 1983, USDA and DHHS will sponsor a teleconference on infant nutrition for Extension Specialists, WIC professionals, public health nurses and nutritionists and other health professionals in all 50 states.

In further support of the need of the scientific community, both Federal and public, and in response to the mandate of section 1427 of the National Agricultural Research, Extension, and Teaching Policy Act, as amended by the 1981 farm bill, the Secretaries of Agriculture and Health and Human Services have been working on a plan for a human nutrition research management system for submission to the Congress. The plan is in the final stages of development and will be submitted to the Congress shortly. The system will consist of an on-line computerized data base which will allow for fiscal accounting, management, and control of cross agency human nutrition research activities.

NATIONAL NUTRITION MONITORING SYSTEM

Since the Department last appeared before this Committee almost exactly a year ago, we have taken a number of major steps to implement the National Nutrition Monitoring System (NNMS).

The Joint implementation plan was submitted to Congress by the Secretaries of Agriculture and Health and Human Services last September. Members of the USDA-DHHS Joint Nutrition Monitoring Evaluation (JNME) Committee have been appointed. This Committee will develop reports on the nutritional status of the population that will be issued to Congress jointly by the two Departments every three years, with the first report scheduled for FY 1984.

The reports will evaluate the findings of USDA's Nationwide Food Consumption Survey (NFCS), DHHS's National Health and Nutrition Examination Survey (NHANES), and other Federal nutrition monitoring efforts. The Committee's reports will address in detail the nutritional health and dietary status of the general population and certain priority subgroups such as children and the elderly. Factors which may have influenced nutritional health and dietary status will be identified and reported. The Committee will also assess the deficiencies and special areas of need in the system itself, recommend more appropriate approaches, and eliminate any duplications of effort. Members of this Committee are Dr. Jean Pierre Habicht, Cornell University; Dr. Theordore Van Itallie, St. Luke's Hospital Center; Dr. Helen A. Guthrie, Pennsylvania State University; and Dr. Stanley R. Johnson, University of Missouri. They will serve for a three-year period.

In addition to the Joint Nutrition Monitoring Evaluation Committee, a Nationwide Food Consumption Survey/National Health and Nutrition Examination Survey Coordination Committee has been initiated. Members of this Committee are now being selected by other Departments of the Federal Government. The objective of this Committee is to achieve the best possible coordination of the Nationwide Food Consumption Survey and the National Health and Nutrition Examination Survey. To implement this objective, USDA and DHHS, in consultation with other Federal agencies, will explore compatible survey designs and coordinate content of the surveys. Special attention will be given to sampling procedures. In conjunction with this objective, sampling statisticians and technical staff from both USDA and DHHS have been meeting for a number of months. Their report will be finalized later this summer.

The longitudinal survey of individual food intake is still scheduled to be initiated in 1985. Current plans project the household phase of the survey to be initiated in 1987. Arrangements with the Food and Nutrition Board of the National Academy of Sciences are being finalized for a USDA Data Users Conference early next year. Participants will include Government, academia, and industry. This Conference will help us to finalize the content of the continuing Individual food intake survey to be initiated in 1985 and the Household survey scheduled for 1987 as well.

In response to Section 1329 of the 1981 Farm Bill, a Request for Proposal(s) (RFP) has been developed for a pilot study that will test various means of measuring, on a continuing basis, the dietary status of low-income people. This proposal has been approved by the Office of Management and Budget (OMB). We hope to initiate the contract this fiscal year. As soon as clearance is received from OMB, we plan to initiate several longitudinal studies. One study will test alternative methods for collecting food intake data from individuals at intervals of up to a year. Also at OMB for review and clearance is a Request for Proposals for a study of the food intakes and preferences of children.

An integral part of the National Nutrition Monitoring System is the Nutrient Data Bank (NDB). In fact, accurate, reliable food composition data are essential for evaluating both the Nationwide Food Consumption Survey and the National Health and Nutrition Examination Survey dietary data. The Nutrient Data Bank is being redesigned to improve its efficiency for use in the National Nutrition Monitoring System by making it more accessible. In addition, a number of contracts have been initiated to obtain food composition data for foods for which we found we had inadequate data during the last survey. Foods being analyzed include fast foods, commercially-prepared mixtures, vegetables, fruits, organ meats, seafood, and variety breads. Two new sections of the revision of Agriculture Handbook No. 8 -- one on Breakfast Cereals and the other on Fruits and Fruit Juices -- are now ready for printing, and several more are nearing completion.

Another important part of the National Nutrition Monitoring System is the standards used for assessing the sufficiency of nutrient levels of diets reported in dietary surveys. The Food and Nutrition Board is undertaking a study in which they will formulate standards associated with different levels of nutritional risk. In the past, USDA has used the Recommended Dietary Allowances (RDA). However, the RDA give no guidance about risk associated with intakes of food energy and nutrients below the RDA. Consequently, conclusions cannot be drawn concerning the adequacy of diets when intakes fall below the Recommended Dietary

Allowances. The formulation of new standards for use in the National Nutrition Monitoring System dietary surveys, both the Nationwide Food Consumption Survey and the National Health and Nutrition Examination Survey, will greatly enhance the usefulness of the dietary adequacy data generated in future years.

In summary, the United States Department of Agriculture views its responsibilities for human nutrition knowledge as heavy and important. We are organized to fulfill these responsibilities and are working hard to do so.

Mr. Chairman, this concludes my prepared statement. I and my associates will be happy to respond to any questions you might have.

Mr. Brown. Now we have the Hon. Edward N. Brandt, Jr., Assistant Secretary for Health, U.S. Department of Health and Human Services, who will be accompanied by a number of his colleagues. We will ask him to introduce them.

Dr. Brandt, we appreciate your being here this morning, recognizing the burden that this puts on your schedule.

Again, we welcome you here and look forward to your testimony. You may proceed in whatever way suits your pleasure. You may introduce your distinguished array of colleagues here, if you will.

STATEMENT OF HON. EDWARD N. BRANDT, JR., ASSISTANT SECRETARY FOR HEALTH, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; ACCOMPANIED BY DR. ALLAN FORBES, ASSOCIATE DIRECTOR, NUTRITION AND FOODS SCIENCES, FOOD AND DRUG ADMINISTRATION; DR. MICHAEL McGINNIS, DEPUTY ASSISTANT SECRETARY FOR HEALTH, AND CHAIRMAN, DEPARTMENTAL NUTRITION POLICY BOARD; ROBERT MURPHY, DIRECTOR, DIVISION OF HEALTH EXAMINATION STATISTICS, NATIONAL CENTER FOR HEALTH STATISTICS; DR. ARTEMIS SIMOPOULOS, CHAIRMAN, NUTRITION COORDINATING COMMITTEE, NATIONAL INSTITUTES OF HEALTH; AND DR. FREDERICK TROWBRIDGE, DIRECTOR, NUTRITION DIVISION, CENTER FOR HEALTH PROMOTION AND EDUCATION, CENTERS FOR DISEASE CONTROL

Dr. BRANDT. Thank you very much, Mr. Chairman.

I appreciate this opportunity to review with you the activities of the Department of Health and Human Services with respect not only to human nutrition research, but also the implementation of the national nutrition monitoring system.

With me today are several officials closely associated with departmental activities in these areas. They include, on my left, Mr. Robert Murphy, who is Director of the Division of Health Examination Statistics of the National Center for Health Statistics; on my immediate left, Dr. Frederick Trowbridge, who is Director of the Nutrition Division of the Center for Health Promotion and Education of the CDC; to my immediate right, Dr. Michael McGinnis, Deputy Assistant Secretary for Health, and Chairman, Departmental Nutrition Policy Board; next to him, Dr. Allan Forbes, Associate Director for Nutrition and Foods Sciences of the FDA; and, finally, at the end, Dr. Artemis Simopoulos, chairperson of the Nutrition Coordinating Committee of the NIH.

As you know, the Department of Health and Human Services has a vast array of activities important to improving our understanding about nutrition and nutritional status, as well as for applying that knowledge to efforts to enhance the nutritional practices of the American people. My testimony today will provide an overview of the broad range of basic and applied human nutrition research activities, and then address the application of these activities to clinical nutrition and health promotion programs, policy and regulatory needs, and the implementation of the national nutrition monitoring system which was jointly developed by the Department of Health and Human Services and the Department of Agriculture and submitted to you last year.

Let me mention at the outset, Mr. Chairman, that substantial progress has occurred on each of these fronts over the last year. We have initiated a number of important new research efforts, sponsored several seminal conferences on issues important to nutrition research and monitoring and established with the Department of Agriculture a coordinated implementation mechanism for our nutrition monitoring efforts. In addition, I have personally have had meetings on a monthly basis with officials of the Department of Agriculture on nutrition matters of mutual interest. My testimony will highlight some of these developments.

Beginning with research, nutrition research within the Department ranges from studies on the metabolism of nutrients at the molecular level to clinical investigations on the role of nutrients in the promotion of health and the prevention and treatment of various diseases and conditions, to methods for the assessment of nutritional status of individuals and populations.

In fiscal year 1981, the Department expended about $160 million for nutrition research—93 percent of which was spent by the National Institutes of Health, but activities were also sponsored by the Food and Drug Administration, by the Alcohol, Drug Abuse, and Mental Health Administration, the CDC, and the Health Services Administration.

Over 90 percent of the NIH program consists of extramural research, mostly investigator initiated, carried out in medical schools, hospitals, and laboratories throughout the country and, when appropriate, in foreign research institutions. I am pleased to submit for the record an overview and listing of the major nutrition research activities at the NIH from the period 1977 to 1982.

[Material to be supplied follows:]

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PA's, RFA's AND RFP's FOR NUTRITION RESEARCH AND RESEARCH TRAINING PUBLISHED IN THE NIH GUIDE FOR GRANTS AND CONTRACTS SEPTEMBER 1977 TO MARCH 1982

ISSUED BY	TYPE	TITLE	APPLICATIONS RECEIVED	APPLICATIONS FUNDED
NCI 6/14/77	RFP	"In Vivo Quantification of Body Nitrogen"	1	1
NCI 6/15/77	RFP	"Quantification of Changes in Body Composition in Cancer Patients"	4	1
NICHD 9/30/77	RFA	"Infant Nutrition"	78	24
NICHD 11/1/77	RFP	"Human Milk Bank Research and Distribution Center"	5	1
NCI 2/15/78 Revised 2/15/79	RFA	"The Role of Nutrition in the Rehabilitation of Cancer Patients"	14	1
NCI /10/78	RFP	"Validation and Standardization of In Vitro Techniques to Assess the Effect of Diet/Nutrition on the Mutagenic/Carcinogenic Potential of Human Secretions and Excretions"	--	2
NCI 4/12/78	RFP	"Interactions of Diet/Nutrition and the Use of Genetically Distinct Animal Strains in Carcinogenesis Studies"	--	1
NCI 4/13/78	RFP	"Development and Validation of Standard Procedures for the Nutritional Assessment and Monitoring of Adult and Pediatric Cancer Patients and Normal Individuals"	15	8
NIA 9/1/78	PA	"Nutrition in Relation to Health of the Aged and Aging Processes"	--	--
NCI 9/25/78	PA	"Nutritional Aspects of Cancer and its Etiology/Prevention, Treatment, Rehabilitation and Training"	--	--
LBI 10/16/78	RFA	"The Effect of Diet on the Metabolism, Structure, Composition, and Blood Levels of High Density and Other Lipoproteins"	62	10

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PA's, RFA's AND RFP's FOR NUTRITION RESEARCH AND RESEARCH TRAINING
(CONTINUED)

ISSUED BY	TYPE	TITLE	APPLICATIONS RECEIVED	APPLICATIONS FUNDED
NIAMDD NICHD NIAID NCI 10/16/78	Joint PA	"Research Grant Support in Nutrition," issued through NIH's U.S./Japan Medical Science Program, and including the following areas for research emphasis: 1) Environmental and host factor affecting nutritional requirements; 2) Iron deficiency; 3) Nutrition and Infection 4) Effects of nutrition on physical and mental development, behavior, physical capability, and work performance; and 5) Health consequences of different (and changing) dietary patterns and food habits.	8	3
NCC (NHLBI, NIA NIAID, NICHD NINCDS, NIAMDD) 11/27/78	Joint PA	"Studies on Overnutrition and Obesity"	49	4
NICHD 1/19/79	RFP	"Prevalence and Impact of Nutritional Individuality"	10	2
NCC [NIA, NCI, NIAMDD] 1/26/79	RFA	"Core Grants for Clinical Nutrition Research Units (CNRUs)"	41	7
NICHD 2/2/79	RFP	"Metabolic Basis of Nutritional Individuality"	7	2
NICHD 2/16/79	RFP	"Nutritional Individuality and Dietary Patterns"	6	1
NCC [NHLBI, NIA NIAMDD, NIDR NINCDS, NEI, NCI] 26/79	Joint PA	"National Research Service Awards for Individual Postdoctoral Fellowships in Nutrition"	(Information is not available)	

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PA's, RFA's, and RFP's FOR NUTRITION RESEARCH AND RESEARCH TRAINING (CONTINUED)

ISSUED BY	TYPE	TITLE	APPLICATIONS RECEIVED	APPLICATIONS FUNDED
NCC [NEI, NHLBI NIA, NIAMDD NIDR, NIEHS NCI, NINCDS] 9/26/79	Joint PA	"National Research Service Awards for Institutional Grants in Nutrition"	(Information is not available)	
NHLBI 12/1/79	RFA	"Nutritional Status and Non-respiratory Lung Function"	45	6
NCI 1/3/80	PA	"Diet, Nutrition, and Cancer Program Announcement of Research Interests in Alcohol and Cancer"	--	--
NHLBI 1/7/80	RFP	"Regional Training Workshops for Nutrition Counseling in Hyperlipidemia for Dietitians and Nutritionists"	1:	2
NHLB 1/7/80	RFP	"Evaluation of Regional Training Workshops for Nutrition Counseling in Hyperlipidemia for Dietitians and Nutritionists"	7	1
NIDR 1/15/80	RFP	"Examination of the Relationship Between Caries and Tooth Enamel Fluoride"	--	--
NHLBI 1/19/80	RFP	"Methodology for Estimation of Human Dietary Sodium Intake or Excretion"	8	1
NICHD 1/25/80	PA	"Developmental Aspects of Behavior and Nutrition"	46	5
NHLBI 1/25/80	PA	"Biobehavioral Approaches to the Treatment of Hypertension"	--	--
NICHD 2/22/80	RFP	"Longitudinal Studies of Serum Lipoprotein Changes in Users of Various Oral Contraceptive Preparations"	7	1

PA's, RFA's, and RFP's FOR NUTRITION RESEARCH AND RESEARCH TRAINING
(CONTINUED)

ISSUED BY	TYPE	TITLE	APPLICATIONS RECEIVED	APPLICATIONS FUNDED
NHLBI 5/13/80	RFP	"Nutrition Coding Center for the Lipid Research Clinics and Multiple Risk Factor Intervention Trial"	--	--
NIAMDD 5/16/80	PA	"Research on Diseases of the Biliary Tract and Exocrine Pancreas"	--	--
NIAMDD 6/6/80	RFA	"Clinical Trial of Fluoride in Osteoporosis"	--	--
NIAMDD 6/6/80	PA	"Workshop Announcement for Digestive Diseases and Nutrition"	--	--
NICHD 6/6/80	RFP	"The Effects of Exposure to Westernization on Infant Feeding Patterns Among Nomadic Populations"	2	1
NIDR 8/29/80	PA	"Research Grant Applications Sought By National Caries Program, NIDR"	90	20
NICHD 1/9/81	RFP	"Human Milk Banking Studies"	16	3
NCI 1/26/81	RFP	"Nutritional Assessment of Cancer Patients"	--	--
NICHD 2/4/81	RFP	"Fractionation, Identification and Characterization of Components of Colostrum and Human Milk"	38	*
NCI 2/6/81	RFP	"Calorimetry in Cancer Patients"	--	--
NICHD 2/11/81	RFP	"Clinical Studies on Human MIlk"	10	*
NIDR 3/6/81	RFA	"National Research Service Awards for Institutional Postdoctoral Training Programs in Cariology"	2	1

* Number uncertain, pending review

PA's, RFA's, and RFP's FOR NUTRITION RESEARCH AND RESEARCH TRAINING (CONTINUED)

ISSUED BY	TYPE	TITLE	APPLICATIONS RECEIVED	APPLICATIONS FUNDED
NIDR 3/16/81	RFP	"Relationship of Dietary Intake to Caries Incidence"	14	1
NHLBI 3/27/81	RFA	"Demonstration and Education Research in Heart, Blood Vessel, Lung, Blood Diseases and Blood Resources"	--	--
NCC 3/27/81 [NIA, NIAMDD, NCI, NICHD, NIDR, NIAAA, NIMH]	Joint PA	"NIH New Investigator Research Award (NIRA) in Nutrition. ADAMHA Special Notification for Research on Nutrition and Behavior"	--	--
NICHD 4/17/81	PA	"Basic and Clinical Studies of Normal Development and Developmental Defects"	40	5
NIAMDD 4/17/81	PA	"Research Interests of the Kidney Disease and Urology Program"	--	--
NIDR 5/1/81	RFP	"Identification of Cariogenic Elements of Foods"	6	1
NCI 5/22/81	RFA	"Mechanisms of Biological and Chemical Prevention"	--	--
NIAID 5/22/81	RFA	"Mechanisms In Food Allergy"	15	*
NHLBI 5/22/81	PA	"Dietary Sodium and Its Role in the Prevention and Management of Hypertension"	--	--
NIA 5/22/81	PA	"Social and Behavioral Research"	--	--

* Number uncertain, pending review

PA's, RFA's, and RFP's FOR NUTRITION RESEARCH AND RESEARCH TRAINING (CONTINUED)

ISSUED BY	TYPE	TITLE	APPLICATIONS RECEIVED	 FUNDED
NIDR 9/4/81	PA	"Diet and Nutrition Research"	8	None yet
NIA 9/4/81	PA	"Health and Effective Functioning in the Middle and Later Years"	--	--
NIADDK NICHD NIAID 11/6/81	PA	"Research Grant Support in Nutrition: Environmental and Host Factors Affecting Nutritional Requirements"	--	--
NICHD 11/16/81	RFP	"Longterm Effects on Infants of Hypochloremic Metabolic Alkalosis Resulting From Infant Formulas Deficient in Chloride"	65	*
NHLBI NIA, NIAID, NIADDK, NICHD, NIGMS 2/26/82	PA	"Studies on Nutritional Support of the Patient"	--	--
NCI 3/26/82	RFA	"The Role of Natural Inhibitors in the Prevention on Cancer"	--	--
NICHD NIADDK 3/26/82	PA	"Special Emphasis Research Career Award: Diabetes Mellitus - Obstetrical, Perinatal, and Pediatric Aspects"	13	5
NHLBI NIADDK 3/26/82	PA	"Special Emphasis Research Career Award: Diabetes Mellitus - Cardiovascular, Metabolic, and Endocrinologic Aspects"	--	--
NIDR 3/26/82	PA	"Epidemiology of Oral Diseases in Minorities"	--	--

* Number uncertain, pending review

Dr. **Brandt**. The range of subjects covered is broad, including topics such as maternal variables that may influence the composition of colostrum and human milk, nutritional assessment of cancer patients, identification of carcinogenic elements of foods, mechanisms of biological and chemical prevention of carcinogenesis, and mechanisms in food allergy.

Of particular interest to the committee may be two PA's that have been issued in the past 6 months related to nutritional support of the hospitalized patient and the role of natural inhibitors in the prevention of cancer. The latter, the role of natural inhibitors in cancer prevention, has the objective of furthering our understanding of the role of beta-carotene, vitamin A and its analogs, vitamin C, selenium and alpha-tocopherol in the prevention of cancer.

These new research thrusts have been accompanied by the development of innovative mechanisms for clinical nutrition research activities—the new national program in clinical nutrition research. NIH began this program in 1979 with the initial funding of four clinical nutrition research units, followed by the establishment of three additional ones in 1980. We feel that these units are effectively integrating nutritional components into many research projects as well as fostering sound training in clinical nutrition.

The issue of training in nutrition is especially important and we find that these units are developing courses on nutrition that are being used in the medical schools with medical residents who rotate through the nutrition service and to other house staff in both formal and informal nutrition conferences, consultative services, and patient care activity.

Let me also mention nutrition research in support of our Food Safety and Quality Program. This is a very broad area because it involves not only the subject of the nutritional adequacy of foods, for example, as influenced by fortification of basic staples and substitute foods, and the safety of foods, that is, the avoidance of potentially toxic levels of nutrients in foods and potential adverse effects resulting from food processing, but also the matters of provision of the most useful and important nutrition information to the public through such activities as nutrition labeling and through other public communication channels.

The need for continued research efforts is well illustrated by the remaining gaps in knowledge associated with our current sodium and hypertension initiative, particularly determining whether sodium is in fact a causative factor in the disease. The "core" of these initiatives is the regulatory proposal for sodium labeling which was published this past Friday in the Federal Register.

The needs are also well illustrated by the report on Diet, Nutrition and Cancer issued by the National Academy of Sciences last week. As I am sure you are aware, this report provides a set of interim guidelines calling for significant changes in dietary practices, namely, reduced intake of fats; increased consumption of fruits, vegetables, and whole grain cereal products; and caution with respect to use of nutrient supplements, salt-cured and smoked foods, and alcohol.

If further research supports the need for final guidelines, then additional work will be important to define low-fat and reduced-fat foods, to keep food fortification policy and practices current with the state of scientific knowledge, to regulate safe methods of food processing, and to establish accurate methods for measurement of nutrients and other materials.

Major advances in understanding the relationships between diet and a host of diseases are dependent on a wide variety of research undertakings from the basic molecular level laboratory research, through applied research, through epidemiological and methods development laboratories, to research on how best to communicate diet and nutrition concepts to the public.

Beyond the nutrition research and training efforts, the Department has held a number of conferences in the past year dealing with various aspects of nutrition research. I would like to mention three.

In January of this year, a Consensus Development Conference on Defined Diets and Childhood Hyperactivity was held at NIH. It has been widely reported.

In January, a workshop on "Body Weight, Health, and Longevity" was held under the aegis of the Research Initiative in Nutrition, sponsored by the Nutrition Coordinating Committee of NIH and the Centers for Disease Control. The development of body weight standards and the relationship of body weight to health and longevity is essential for the interpretation of data from surveys and surveillance. The summary, conclusions, and recommendations of the workshop are presently in draft form, and while I do not wish to anticipate the specifics of the report, I can tell you that it is apparent that overweight people tend to die sooner and this is particularly true for those who are overweight at younger ages. This effect of overweight on mortality is delayed, so that it is not seen in cross-sectional or short-term surveys.

Of additional note is the Conference on the Assessment of Nutritional Status held at NIH in September of 1981, cosponsored by the NIH Nutrition Coordinating Committee, the CDC, and the FDA. The conference highlighted the current state of the art and the assessment of nutritional status.

I am pleased to submit for the record, Mr. Chairman, the proceedings from that conference. I would like to point out that those proceedings were published as a special volume in May 1982 of the American Journal of Clinical Nutrition.

These proceedings represent for the first time state-of-the-art research papers and findings that have been collected in one volume that addresses the nutritional status of the individual and population groups throughout the life cycle.

[Material submitted is on file with the Subcommittee on Science, Research and Technology; the complete citation follows: The American Journal of Clinical Nutrition, Supplement Volume 35, Number 5, May 1982.]

Dr. **Brandt**. That brings me, Mr. Chairman, to the implementation of the National Nutrition Monitoring System. As I stated in my testimony before this committee 1 year ago, the Department of Health and Human Services is committed to the development of a comprehensive nutrition monitoring system which will provide the kinds of data needed for health decisions at the national, State, and local levels. Nutrition monitoring touches on every aspect of our human nutrition programs.

Over the past year we have made significant strides in the implementation plan which we submitted to this committee and to the Congress last October and significant components of the plan are well under way. Key issues addressed in the plan that needed improvement were interagency coordination, monitoring of high-risk groups, turnaround time and analysis of survey data, food consumption patterns and nutrient content of foods as related to disease prevention and, finally, the quality of the food supply.

We have established two committees with the USDA to take the lead in this monitoring. One committee addresses the integration of the Nationwide Food Consumption Survey of the Department of Agriculture and our own National Health and Nutrition Examination Survey. This coordinating committee is meeting approximately every 2 weeks and is charged with defining the content of both national surveys and designing future surveys with compatible sampling procedures and definitions. A progress report on its work is forthcoming in September 1982, and the committee's work will continue until the next surveys are conducted in 1987.

The second working committee, the Joint Nutrition Monitoring Evaluation Committee, was appointed in March 1982 and includes Government and non-Government officials with expertise in medicine, epidemiology, public health nutrition, nutrition, and agricultural economics. This group will hold its first meeting later this summer, will develop periodic reports to the Congress on the dietary and nutritional status of the population. It will evaluate the findings of the NHANES survey, the NFCS, and other Federal nutrition monitoring effects. It will identify deficiencies and special areas of need in the monitoring system and recommend more appropriate approaches. The first report from this committee is due in 1984.

Turning to the issue of monitoring high-risk populations, I am pleased to announce that the Hispanic HANES will begin next month; indeed, if I am not mistaken, on July 7, 1982 in San Antonio. The Hispanic HANES will be conducted in two phases. Phase I will cover five southwestern States: Texas, California, Colorado, Arizona, and New Mexico. Phase II, which will begin in January of 1984, will be centered in New York City and Dade County, Fla. This HANES will sample Mexican-Americans in the Southwest, Puerto Ricans in New York City, and Cuban-Americans in Dade County.

In addition to that, our nutrition monitoring activities of high-risk populations continue out of the Nutrition Division of the CDC. Some of the highlights of this year's activities include:

Twenty-seven States are currently participating, an increase of 3 over the previous year.

Pregnancy nutrition surveillance is currently under way in 16 States, an increase of 4 over the previous year.

In addition, in the Health Services Administration we have also been active with high-risk populations through State maternal and child health programs, community health centers, migrant health clinics, and Indian Health Service programs.

On the issue of turnaround time for data, the lag time between data collection, release, analysis, and publication of the NHANES data is becoming shorter, but the need for continued improvement is clear. Over the past year we have taken a number of steps to make the data more readily available. My complete testimony includes several of those steps and activities.

In addition, activities have been under way at FDA and other public health service agencies with respect to food consumption patterns and the nutrient content of foods as related to disease prevalence and quality of the food supply. Again, I have details of those in the complete statement, Mr. Chairman.

In summary, sir, I think the Department of Health and Human Services continues to make impressive and substantial progress both in the enhancement of our capabilities to monitor nutritional status of the American people and in the research base which underlies every facet of that monitoring systems' operation. Clearly, we still have improvements to make. I would like to see the analysis of data available through HANES completed in a more timely fashion. I want to see our interagency coordination between monitoring programs fostered and improved. I want to see better measures developed for assessing the nutritional quality of our food supply. I want to see greater advances in the development of the knowledge base which provides the tools by which we can assess nutritional status and allows us to survey the linkages between diet and disease with greater confidence.

My colleagues and I will be pleased, sir, to answer questions that you may have.

Mr. **Brown**. Thank you very much, Dr. Brandt.

Mr. Weber, do you have any questions that you would like to ask at this time?

Mr. **Weber**. Thank you, Mr. Chairman.

First of all, I would like to compliment you, Dr. Brandt. This is a complicated area. One of the things that is frustrating to me as a newer member of the committee is that frequently I listen to presentations of testimony that I am sure make sense to those who have been involved in the subject area very closely for a long period of time but really leaves most of us quite in the dark. I think your testimony clearly tracked in my mind the progress that your agency has made. I appreciate your relating back to the testimony that you made before our committee last year and trying to deal forthrightly also with the areas where the progress has not been substantial.

I would like to ask you to expand a little bit on some of the things you touched on in your testimony, particularly in the area that I understand is of greatest concern to the subcommittee and the Department as well, which is communication between HHS and USDA. You made mention of some things that you were doing to try to facilitate that communication. I believe you said you were meeting monthly with people from USDA. Could you expand on that and give us a better idea exactly how you are trying to improve communication and coordination?

Dr. **Brandt**. Yes. When our colleagues from Agriculture were here a few moments ago, they talked about the coordination of the National Food Consumption Survey and the NHANES. That coordinating committee is in operation. It does meet every other week. Although we will have separate data user conferences, as was pointed out, people from the U.S.D.A. certainly are going to participate in those conferences. There will be a free and good exchange of information.

Secretary Jarratt and I meet roughly on a monthly schedule. We try at those times to exchange all of the information between Agriculture and Health and Human Services and to make sure that things are coordinated.

One example of that will be coming up this fall when we will have a jointly sponsored and developed teleconference on infant feeding and infant nutrition. This will be broadcast all over the country. It is a system that the USDA originally developed, and in which we are now going to participate.

In addition, the Commissioner of FDA and I meet with Secretary McMillan on a regular basis to deal with issues of food safety, which are of concern to both Departments. We have been able, thereby, to make sure that our activities are coordinated and known to each other.

Mr. WEBER. Therefore, in your view these meetings have had some success and produced some positive, concrete steps?

Dr. BRANDT. I think so, yes. I feel now that our activities, working with the Department of Agriculture, are really going quite smoothly.

Mr. WEBER. Is there a need for additional changes or do you think you are pretty much where you want to be in terms of coordinating with the USDA?

Dr. BRANDT. We are not where we want to be, but I think that we have made and continue to make progress.

Mr. WEBER. I appreciate that.

The second area I would like to discuss is this: You indicated in your testimony progress in coordinating the monitoring efforts of NHANES and the Nationwide Food Consumption Survey. How much further can that go on? There obviously is a limit to the degree to which those surveys can be consolidated. Have we reached that limit? What is your approach there?

Dr. BRANDT. I think that the next time the surveys are conducted we will attempt to have them consolidated to the maximum that will be possible. It is important to recognize that the purposes of the two surveys are quite different. They have different users.

The major purpose of the national HANES is to measure the health and nutritional status of the United States population and specific subgroups and to monitor the changes in those health and nutritional variables over time. It is, in fact, a biomedical survey and is concerned with determining health status and nutritional status through the use of various biomedical and hemalogical tests. It utilizes medical staff, performs medical examinations, and develops summary data on that basis.

On the other hand, the Nationwide Food Consumption Survey has as its goal to measure the kinds, amounts, and nutrient content as well as the money value of foods consumed in the United States and to describe the practices of families and subgroups in the use of specific foods.

Because of the fact that food consumption, particularly as to type, varies seasonally, those surveys are carried out on a quarterly basis. That information can, therefore, be kept somewhat more current than we do on the national HANES.

Up until now we have not even been using—or up until recently—the same definitions, the same methodological approaches in terms of various measurements of nutrients and so forth. All of that will be accomplished. I feel we will get as far as we can get at least.

Mr. **Weber**. In another area, you made reference to the progress in the Hispanic HANES, which obviously is of greater concern to some people than to others. I looked your statement over, and I wonder if you could go into that a little further. Exactly what is going to happen in phase I and phase II, which I believe begins in January of 1984? Can you review again for me exactly what is going to happen in those two phases and what is envisioned beyond?

Dr. **Brandt**. Yes. The Hispanic HANES is designed to get health and nutritional status information of three major subgroups of Hispanic Americans: The Mexican Americans, the Puerto Rican Americans, and the Cuban Americans. Three sites have been selected to conduct these studies. One is in Florida for Cuban Americans; in New York City for the Puerto Ricans; and in several southwestern States, including Texas, New Mexico, Arizona, and California, for the Mexican Americans.

A field test was carried out in El Paso to test the system and to try to improve it. The actual beginning of phase I, which will deal with the Mexican-American population in those four southwestern States, will begin I believe on July 7, if I am not mistaken, in San Antonio. It will then move by geographic and population sampling techniques through these other States to collect that information.

Phase II will then move back East and will be focused in Florida, particularly Dade County, and New York City to look at the other two subgroups of Mexican Americans.

Mr. **Weber**. I have a particular interest in the phase I groups because we have a lot of migrant workers moving through my State and my district following the sugar beet harvest and the wheat harvest. Is there any special provision within the survey for trying to track those kinds of people?

Dr. **Brandt**. We will not specifically aim at the migrant workers except insofar as they come up in the sample as Mexican Americans. On the other hand, through the migrant health clinics it is possible for us to collect a good bit of information on migrant workers. Our hope is to define the health status and the nutritional status of these groups of people, so that we will have some idea of their disease risks, and the nutritional practices that should be instituted in order to overcome deficits.

Mr. Murphy may have something more on the migrant situation.

Mr. **Murphy**. We are trying to time the examination such that the migrant workers will probably be in their home bases at the time we are in counties in which these people are residents. Therefore, we have tried to make that sort of provision to get some idea of that migrant group, but it will be very weak in terms of its analytic power.

Mr. **Weber**. Are you expecting a lot of difficulty? Technically, some of those people are not supposed to be here. Are they going to be reluctant to cooperate for that reason?

Mr. **Murphy**. We are working very closely with local health officials and local Hispanic groups to try to encourage response to the study for everyone who lives in the sample household selected. We do not ask questions concerning their legal status in the country. We have developed materials in Spanish and will be having various spots on public announcement types of radio and TV broadcasts to try to encourage participation. We are hoping we can get the people who reside there.

Mr. **Weber**. I have no further questions, Mr. Chairman.

Mr. **Brown**. Thank you, Mr. Weber.

On this same kind of questioning with regard to the Hispanic HANES, is there any thought being given to expanding this to other ethnic subgroups? I ask this question in part because of my vague recollection that we have gotten some very important epidemiological information as a result of knowledge of the dietary habits for certain groups such as the Japanese. Could you comment on that?

Mr. **Brandt**. The reason Hispanics were selected for the special health and nutrition examination survey, Mr. Chairman, was because they are the fastest growing special population group in the United States. Therefore, gaining some understanding of their special nutritional and health needs seemed to be important.

Other ethnic groups are typically picked up in two ways. One is through the regular HANES process, and I will let Mr. Murphy talk about any special attention paid to them there, and through special studies such as the ones you just described of the Japanese-Americans, for example; in particular, studying the difference between the Japanese who immigrated into Hawaii versus those who are on the mainland. Striking differences have been found there.

Let me ask Mr. Murphy if there is any particular attention paid to other ethnic groups in HANES.

Mr. **Murphy**. Typically, the HANES survey is not a very good mechanism for looking at very small subpopulation groups that are widely distributed throughout our population. The effectiveness of our mechanism is not very good in looking at these types of groups. Therefore, at this point there really are no other plans to go into various ethnic groups themselves.

In the national study we do oversample the poor, the elderly, and the young in order to make adequate estimates for health and nutritional status of those groups. The problem that we faced with Hispanics was in the national study we ended up with about 1,500 Hispanics in our study, which was too few in which to separate out various health and nutritional characteristics by age group and various income groups. Therefore, we felt with a special study we could reach that group and do so feasibly.

Mr. **Brown**. I would concur thoroughly in establishing that as the No. 1 priority. In part, because of having had some occasion to review some of these epidemiological studies in the past and in part because one of the occupational hazards of being a politician is exposure to a wide range of ethnic foods, I was wondering if you had plans to extend that further.

Let me ask a couple more questions, and then I will yield to Mr. Walgren.

Dr. Brandt, we understand that steps are underway to abolish the National Center for Health Statistics as a separate agency and integrating it into the Health Resources and Services Administrations. I am interested in knowing how this might affect the HANES program and, also, in connection with that, any plans for reduction in force in these organizations. Would those plans affect the stability of the HANES staff and the functions being carried out by them?

Mr. **Brandt**. The proposal that you are talking about is a reorganization proposal that I have made to the Secretary. It is currently under review in his office. In effect, it would accomplish the following: First, it would merge the remaining components of the Health Services Administration and the Health Resources Administration and move from my office what has been known as the Office of Health Research Statistics and Technology. I propose to abolish that office, which has included the National Center for Health Statistics not as a separate agency at all but as part of that organization, the Office of Health Research Statistics and Technology.

I have proposed that it be established as a separate activity in the new agency, which really is not strikingly different from the way it was a few years ago. I do not anticipate that reorganization as such will have any impact at all on our ability to carry out the HANES or any other activity of the Center.

On the other hand, the Reduction In Force (RIF) could possibly have an impact. We are certainly going to look at that because we do not want that to compromise our ability to finish the processing of both HANES I and II as well as the results of the Hispanic HANES.

Mr. **Brown**. On that same general subject, we had testimony from the Director of the Bureau of Foods to Congressman Scheuer's subcommittee several months ago which indicated the review of FDA's food fortification policy was dependent upon HANES II data which had not yet been analyzed. I am wondering if you have any problems with allocating resources to complete that analysis or whether it is proceeding adequately.

Dr. **Brandt**. The analysis is proceeding. As I said in my testimony, I would be happier to see it proceeding somewhat faster. However, we do have a number of tapes now available—for example, the dietary data base tape; the 24-hour food consumption tape; summary nutrient intake and related information tape; the hematology and nutrient biochemistry tapes.

Preliminary results on glucose, trace elements such as zinc and copper, and various other metabolites have been presented, although they are not in the kind of detail that I think the FDA could use.

I think the answer to your question, sir, is that we will get this information out as quickly as possible to allow the FDA to go further with their food fortification program.

One aside I should make is that recently the reports on both blood lead and the carbon monoxide levels were published. Of course, the carbon monoxide levels were somewhat surprising because, as it turned out, the largest single factor influencing carbon monoxide levels was cigarette smoking.

Dr. Forbes may wish to comment on the FDA and HANES.

Dr. FORBES. Sir, the only thing I can add is that we have intensive discussions underway between the National Center for Health Statistics and our office at FDA to do everything we possibly can to accelerate the data analysis as it pertains to the specific nutrients that Dr. Miller, my chief, brought to the attention of Congressman Scheuer and his group in late April.

We all wish that we had more resources to do things faster than we currently can. However, I personally am optimistic that we, in fact, will be able to accomplish the task as we outlined it.

Mr. BROWN. Dr. Brandt, I am going to take a chance in arousing your ire here by making reference to a statement made earlier this week by Dr. Jean Mayer, with whom I am sure you are well acquainted. He is quoted as saying:

> Nutrition research should be a part of health but the Department of Health and Human Services has never been interested in nutrition. They have always given nutrition research low funding priority and, when questioned, expand the data. There are no nutritionalists at NIH.

Can you contain yourself enough to respond to that? [Laughter.]

Dr. BRANDT. Dr. Mayer is, of course, known for stating his views clearly, as he has in this instance.

Obviously, I disagree with Dr. Mayer. In fact, we have put this year $160 million into nutrition research. I am sure that by using a less rigid definition of "nutrition research" that I can get that figure up even higher.

However, I do not think that is the point. For example, several times in this hearing you have made mention of the recent report of the National Academy of Sciences on nutrition and cancer. That report was funded by the National Cancer Institute, part of our Department. I consider that report to be a valuable contribution to the nutrition literature. However, I cannot yet comment as to whether or not it will turn out to be a good policy document.

Dr. Simopoulos may not qualify entirely as a nutritionist in the traditional sense, but I think her activities on the NIH campus and throughout the Department, as well as through the joint subcommittee of the Office of Science and Technology Policy, demonstrate that she has made a number of contributions. Inasmuch as I have been able to control myself, I will ask her if she might like to add anything.

Mr. BROWN. I might say that she has been passing for a nutritionist for a number of years.

Dr. BRANDT. That is what I always thought. That is what she has always told me she was.

Dr. SIMOPOULOS. The only thing I would like to respond to is by saying that Dr. Mayer certainly did not make his comments directly to us. He has made previous comments of the same nature. I think we have dealt with that rather successfully. I think Dr. Mayer recognized the importance of nutrition research within NIH, and we are very pleased to mention for the record that he made every effort, in fact, to recruit a person who is very well known in the area of lipids and cardiovascular disease from the Heart and Lung Institute. I am sure you all know Dr. Robert Levy.

I think that would take care of my statement.

Mr. **Brown**. Thank you.

Dr. **Brandt**. I should point out also that we just recently signed a memorandum of understanding with Tufts related to their human nutrition research activity. As far as I know, Dr. Mayer did not say anything about our lack of interest when he signed that agreement.

Mr. **Brown**. I am sure that you know that the impetus for these hearings, which are fairly regular events, stems from our sense in the Congress of the high importance of nutrition research and the commitment of very substantial amounts of money to it. Obviously, we are concerned that those resources be expended in the most useful way.

Dr. **Brandt**. Absolutely.

Mr. **Brown**. We are concerned that they produce the best possible results. Hence, we persist in plaguing you with requests to come up here and justify what is being done.

Mr. Walgren, are you ready to pose some questions?

Mr. **Walgren**. I would be happy to pursue several.

Dr. Brandt, in the process of developing the implementation plan for a National Nutrition Monitoring System, one of the events that was to occur was the appointment of an NFCS-HANES Coordination Committee. As I understand it, that was to be appointed last fall. What is the status of the appointment of that committee?

Dr. **Brandt**. The committee has been appointed and is meeting.

Mr. **Walgren**. The committee has been established?.

Dr. **Brandt**. Yes, sir.

Mr. **Walgren**. Have all the members of the committee been selected and designated?

Dr. **Brandt**. As far as I know, they have all been appointed and designated, and the committee is functioning.

Mr. **Walgren**. Have they met at this point? Do you know?

Mr. **Murphy**. I would like to clarify something at this point. The technical staffs of the Departments and the HANES and the NFCS coordination committee have been meeting regularly since April. The invitations to other Departments in the Government to participate in program planning and discussions about content of surveys have been sent out but, as far as I know, responses have not been received.

It has not been broadened in terms of content. Right now it is talking about more technical issues of coordinating and making the two surveys compatible between the two Departments rather than the broader content planning.

Mr. **Walgren**. How often does the technical staff meet?

Mr. **Murphy**. Since April, they have met about every 2 weeks. This probably will continue through July and into August. We are trying to prepare a technical discussion of how compatible the two surveys are, given their purposes, and how closely they can be coordinated.

Mr. **Walgren**. The Secretary has sent a letter to our subcommittee in which he indicates that HHS would be ready to send a progress report to the subcommittee in September covering the first 6 months of activities of the NFCS-HANES Coordination Committee.

It is a little difficult to understand how comprehensive that report can be if only the technical staffs have met and none of the policy outreach or coordinating outreach from other agencies has been even suggested at this point.

Dr. **Brandt**. Of course, the biggest problem that we will have in that system is technical. Quite frankly, I think that is probably the more important aspect of the work that is currently under way. This is why I answered as I did before. I think that by September we will have a fair amount of progress to report including, for example, more standard definitions and data sets.

Mr. **Walgren**. We are looking forward to a report in September. It seems to me at least, that it is unsatisfactory to limit that report to the first 6 months of the committee's activities as had been promised. Those first 6 months would have ended in March, this committee being a last fall creation.

Would it not be more than proper to ask that the September report go well beyond what was available at the end of last March and that it cover not only what these technical people might have been able to put together, but a very detailed statement of where else this committee has to go, what other ground it has to cover, and what time frame it can cover that ground in?

Dr. **Brandt**. We certainly will cover in the progress report everything that has happened since last September, although I agree with you that the bulk of the technical efforts will have been only in the past 6 months. As you are aware, we did not get the groups working according to the time table that we initially planned upon.

Mr. **Walgren**. If I could make a very specific request, I know that we do have a letter from the Secretary indicating that they would be prepared to report on the first 6 months of the committee activities, but I think in view of this hearing and the committee's progress at this point that we should be able to go much farther than that by the end of September.

Dr. **Brandt**. I think what is intended by the statement "the first 6 months" is the first 6 months of work, not the first 6 months of the year.

Mr. **Walgren**. I see.

Dr. **Brandt**. In effect, we will have completed about 6 or 7 months of actual work by the time that report is written. Therefore, I do not think the intent of the Secretary's letter was to talk only about progress made through March. I think it meant the first 6 months of actual labor.

Mr. **Walgren**. A year ago, Dr. Brandt, both you and I talked about the commitments to fund the nutrition monitoring study and the work surrounding it. I asked at that point whether or not the Department would be able to give us a plan that was prospective, that really had, in my words then, "nailed-down priorities and funding to fulfill those priorities."

As I understand it, the plan that has been submitted thus far does not include any projected resource estimates for even fiscal year 1982, let alone beyond.

Are we any closer to knowing what the future allocations must be for this project?

Dr. **Brandt**. We are not any closer to giving you the precise numbers, Congressman. We have, I think, put the resources as required into this program and will continue to do so. We will continue to attempt to refine those estimates to the extent that we can.

Mr. **Walgren**. I just would like to underscore the feeling of some of the people from the Hill who look at research plans and priorities. We really feel that there ought to be pretty sound estimates of the resources needed. At this point, as I understand it, that is not clear in the plan.

Dr. **Brandt**. That is correct. Our belief and our plan is to work within current resources. We can go through and pick out the little bits and pieces and make those kinds of projections. However, what we have done in the development of the budgets is to state the priorities that must be followed, and then we have told each of the groups to come in with the money. We have not asked them to say how much money they need to accomplish the monitoring system. That is why I say we cannot give you very precise data, but we can give you a fairly solid assurance that resources within our current appropriations will be devoted to this effort.

Mr. **Walgren**. Is it proper to ask for some specific projection of what would be needed, even if not currently appropriated? When you say that you cannot go beyond the current resources then that denies us the ability to measure where we think we ought to be as opposed to where we are. It seems to me we ought to have both of the pieces of the puzzle in mind with resource estimates for achieving the long-range goals of the plan as well as the near term goals. Of course it is perfectly understandable if you do not have those resources that you cannot get there. Nonetheless, these resource estimates would give us a comparison of how short we are falling and what impact the shortage would have on the time frame in which the plan was to be completed.

Could there not be at least a reasonable estimate made on that level?

Dr. **Brandt**. We certainly will try.

[See appendix for material supplied.]

Mr. **Walgren**. I know the committee would appreciate that. It would give us a little bit better measure of how fast we are progressing, which is important.

In answer to Mr. Brown's question about the projected merger of the two entities, at some point someone believes that there will be a reduction in force of some 800 people. Did I understand you to say that reduction in force would not affect this effort—the HANES component of the National Nutrition Monitoring System.

Dr. **Brandt**. I do not know what the correct numbers are for the ultimate reduction in force [RIF] because they obviously will depend upon appropriations. What I said was that, looking at the effect of the reduction in force [RIF] we will do all that we can within all of the applicable laws to protect this effort from any drastic impact. Obviously, I cannot say that no impact will be felt, because at the moment I do not know what the level of the reduction in force [RIF] will be.

Mr. **Walgren**. In your testimony you indicated that applied research in nutrition is now stemming from both the NIH and the FDA. Could you give us an estimate of the NIH and FDA budgetary expenditures for applied nutrition research? Perhaps for the record you could classify that according to the seven categories of critical research recommended in the 1980 Report of the Office of Science and Technology Policy's Joint Committee on Human Nutrition Research.

Dr. **Brandt**. We will be happy to supply that for the record; yes, sir.

[See appendix for material supplied.]

Mr. **Walgren**. As I understand it, Secretary Schweicker recently proposed a health promotion project in which he was going to encourage changes in lifestyle and behavior with respect to smoking and nutrition and exercise. Who will be responsible for the research effort that would develop the techniques to deliver that kind of change?

Dr. **Brandt**. Are you talking about behavioral aspects?

Mr. **Walgren**. Let's focus on nutrition—the change in behavior that would be related to nutrition.

Dr. **Brandt**. Fundamentally, most of that research on instituting behavioral change will be carried out by the NIH and ADAMHA. ADAMHA, of course, has been the principal focus for and is very much concerned about lifestyle change studies through the National Institute of Alcoholism and Alcohol Abuse and the National Institute of Drug Abuse. Both have research projects underway that deal with the general theme of lifestyle and behavioral changes.

Specific aspects relative to nutrition will be carried out by the various institutes at the NIH. I would suspect, although I cannot be absolutely certain, that these studies will be in the National Cancer Institute; the Heart, Lung, and Blood Institute; the Child Health and Human Development.

The objective of the health promotion aspects will deal with lifestyle changes. We will attempt to look at ways to get people to modify their lifestyles in a variety of ways.

For example, we have one extramural study underway, funded by the NIH, that is attempting to relate changes in one lifestyle aspect to changes in another. It is largely believed, without a lot of data to support it, for example, that joggers, once you get them started jogging, tend to change their nutritional behavior, tend to quit smoking, tend to decrease their alcohol intake, et cetera. We do not know whether or not that is true, but it may be that we can change nutrition behavior indirectly more effectively than we can directly.

Mr. **Walgren**. It just seems that some specific thought ought to be given to the techniques to bring that about.

Dr. **Brandt**. Yes.

Mr. **Walgren**. Whether or not that can be best handled by all these various agencies taking their little piece of it, I don't know. We would be interested in how that develops in your agency.

I have one final question, if I may. I am thinking of the Academy of Sciences Diet, Nutrition, and Cancer report. You indicated earlier some reservation about the ultimate policy implementation of that report. I would just like to ask how specifically does the Department intend to implement the findings of that report, particularly inasmuch as there is going to be a second report, due apparently a year from now. Do we have to wait a year, hopefully not, before the Department tries to grapple with the policy implications?

Dr. **Brandt**. The only reason that I expressed any reservation at all about the report and its policy concerns is solely because the report is new and we have not yet really, if you will pardon the expression, "digested" the report adequately. We have set up a group in the Public Health Service to look at the implications of that report with which the Department needs to be concerned. That internal group will meet the second week in July for its first meeting. At that meeting we will begin to do precisely what you are talking about.

My goal would be to implement some of the aspects of the report as soon as we can. I would anticipate that you will probably see some of that early on this year.

Mr. **Walgren**. Please keep us informed of that. As a subcommittee, we would be very interested.

Dr. **Brandt**. Yes, sir.

Mr. **Walgren**. Thank you, Mr. Chairman.

Mr. **Brown**. Dr. Brandt, I suppose you noticed that the week after the Academy issued the report on diet, nutrition, and cancer that it issued another report on the research needs in the behavioral and social sciences.

Dr. **Brandt**. Yes, sir.

Mr. **Brown**. The two seem to be connected in a number of ways. We appreciate your testimony this morning. I could spend a little more time asking for some overall observations from you but, in view of the fact that the bells have been ringing, we will not do that.

We have looked to you for leadership in this area because of your own outstanding background in relevant disciplines. We will continue to call on you for assistance and guidance in helping us in this area.

Dr. **Brandt**. Thank you very much, Mr. Chairman.

Mr. **Brown**. Thank you, and thank you to all of your colleagues for being here this morning.

[The prepared statement of the Hon. Edward N. Brandt follows:]

STATEMENT

BY

EDWARD N. BRANDT, JR., M.D., Ph.D.

ASSISTANT SECRETARY FOR HEALTH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman and Members of the Subcommittees:

I appreciate this opportunity to review with you the activities of the Department of Health and Human Services with respect to human nutrition research and the implementation of a national nutrition monitoring system. With me today are several officials closely associated with departmental activities in nutrition, nutrition research and nutritional assessment, surveillance, and monitoring: Dr. Allan Forbes, Associate Director for Nutrition and Foods Sciences of the Food and Drug Administration (FDA); Dr. Michael McGinnis, Deputy Assistant Secretary for Health and Chairman of the Departmental Nutrition Policy Board; Mr. Robert Murphy, Director of the Division of Health Examination Statistics of the National Center for Health Statistics (NCHS); Dr. Artemis Simopoulos, Chairperson of the Nutrition Coordinating Committee of the National Institutes of Health (NIH); and Dr. Frederick Trowbridge, Director of the Nutrition Division of the Center for Health Promotion and Education, Centers for Disease Control (CDC).

As you know, the Department of Health and Human Services has a vast array of activities important to improving our understanding about nutrition and nutritional status, as well as for applying that knowledge to efforts to enhance the nutritional practices of the American people. My testimony today will provide an overview of the broad range of basic and applied human nutrition research activities, and then address the application of these activities to clinical nutrition and health promotion programs, policy and regulatory needs and the implementation of the national nutrition monitoring system which was jointly submitted by our two Departments last year.

I should mention at the outset, Mr. Chairman, that substantial progress has occurred on each of these fronts over the last year. We have initiated a number of important new research efforts, sponsored several seminal conferences on issues important to nutrition research and monitoring and established with USDA a coordinated implementation mechanism for our nutrition monitoring efforts. In addition, I have had meetings on a monthly basis with officials of the Department of Agriculture on nutrition matters of mutual interest. My testimony will highlight some of these developments.

NUTRITION RESEARCH

DHHS Nutrition Research Initiatives

Nutrition research within DHHS ranges from studies on the metabolism of nutrients at the molecular level, to clinical investigations on the role of nutrients in the promotion of health and the prevention and treatment of various diseases and conditions, to methods for the assessment of nutritional status of individuals and populations.

In FY 1981, DHHS expended about $160 million for nutrition research--93 percent by the NIH, but activities were also sponsored by FDA, ADAMHA, CDC and HSA. To develop with DHHS a more comprehensive and effective program of nutrition research and tracking, a Departmental Health Research Initiative in Nutrition has been established

I will focus principally on the NIH activities in this portion of my testimony. Over 90 percent of the NIH program consists of extramural research, mostly investigator initiated, carried out in medical schools, hospitals, and laboratories throughout the country, and, when appropriate, in foreign research institutions. I am pleased to submit for the record an overview and listing of the major nutrition research activities at the NIH from the period 1977-1982. In the past five years, the NIH has issued 25 Program Announcements (PAs), 11 Requests for Applications (RFAs), and 26 Requests for Proposals (RFPs) in nutrition research. Of these 62 announcements, 18 were issued in FY 1981 and nine have been issued since last June. Over 150 applications and proposals that could be directly identified with these 62 announcements have been funded and many others are still in the review process. The range of subjects covered by these RFPs is broad, including topics such as maternal variables that may influence the composition of colostrum and human milk, nutritional assessment of cancer patients, identification of cariogenic elements of foods, mechanisms of biological and chemical prevention of carcinogenesis, and mechanisms in food allergy.

Of particular interest to the committee may be two PAs issued in the past six months, related to nutritional support of the hospitalized patient and the role of natural inhibitors in the prevention of cancer. The former is supported by six NIH institutes and focuses on basic and clinical research in areas that include: the impact of nutritional status on immune defense function in the developing lung; the acute and long-term enteral and parenteral support of the elderly patient; the interaction of nutrition, immunity, and infection; the metabolic consequences of total parenteral nutrition; support of the low birth weight infant; and the metabolic and nutritional response of the body to trauma and burns.

The latter, the role of natural inhibitors in the prevention of cancer, has the objective of furthering our understanding of the role of beta-carotene, vitamin A and its analogs, vitamin C, selenium and alpha-tocopherol in the prevention of cancer.

These new research thrusts have been accompanied by the development of innovative mechanisms for clinical nutrition research activities--the new National Program in Clinical Nutrition Research. NIH began this program in 1979 with the initial funding of four Clinical Nutrition Research Units

(CNRU), followed by the establishment of three additional CNRUs in 1980. The three specific objectives of the CNRU are:

- to create and strengthen foci in biomedical research institutions for multidisciplinary research in clinical nutrition in order to develop new knowledge about specific nutrients in health, human development, and the prevention and treatment of disease;
- to strengthen training environments in order to improve the education of medical students, house staff, practicing physicians, and paramedical personnel in clinical nutrition; and
- to enhance patient care and promote good health by focusing attention toward clinical nutrition and generating nutritional information for the public.

The directors of the CNRUs meet annually to discuss research progress and future research needs and at the last meeting three areas of potential opportunity were identified for institutional collaboration:

- collaborative clinical research efforts among CNRUs to mutually reinforce research activities;
- standardization of assays for plasma and erythrocyte folate, transketolase, erythrocyte glutamine pyruvate transaminase (all components of nutritional status determination) and other laboratory methods and services; and
- education and outreach activities.

We feel as a result of these meetings that the CNRUs are effectively integrating nutritional components into many research projects as well as fostering sound training in clinical nutrition.

The issue of training in nutrition is especially important and we find that the CNRUs are developing courses on nutrition that are being used in the affiliated medical school curricula, rotating medical residents through the nutrition service, and exposing the house staff to formal and informal nutrition conferences, consultative services and patient care activities. Other training in nutrition research is supported through Training Grants and Fellowships. Research manpower development in nutrition is also supported through a number of mechanisms of which the following are the most significant:

- New Investigator Research Awards are issued to encourage new investigators (including those who have interrupted early promising research careers) in basic or clinical science disciplines to develop their research activities within the program interests of NIH. In FY 1981, 43 such awards in nutrition research were made by NIH.
- Academic and Teacher Investigator Awards, of which 11 were made for research manpower development in nutrition. The areas under study by the 64 recipients of these awards in FY 1981 include: fat metabolism and obesity, trace metals, hypertension and cardiovascular diseases, cancer, trauma, immune function, and eye disorders.
- Special Emphasis Career Awards designed to create a pool of highly qualified investigators by encouraging and supporting individuals in the early stages of their post-graduate medical and scientific careers to focus on specific areas of research. Thus far in 1982, two PAs with nutrition components have been issued for this award. Both focus on aspects of diabetes mellitus research.

Nutrition Research Supporting Food Safety and Quality Programs

I would like to give special mention of nutrition research in support of our food safety and quality programs. This is a very broad area because it involves not only the subject of the nutritional adequacy of foods, e.g., as influenced by fortification of basic staples and substitute foods, and the safety of foods, e.g., by avoidance of potentially toxic levels of nutrients in foods and potential adverse effects resulting from food processing, but also the matters of provision of the most useful and important nutrition information to the public through such activities as nutrition labeling and through other public communication channels.

The need for continued research efforts are well illustrated by the remaining gaps in knowledge associated with our current sodium-and-hypertension initiative, particularly determining whether sodium is in fact a causative factor in the disease. The "core" of these initiatives is the regulatory proposal for sodium labeling which was published this past Friday in the Federal Register.

The needs are also well illustrated by the report on "Diet, Nutrition and Cancer" issued by the National Academy of Sciences/National Research Council last week. As I'm sure you are aware, this report provides a set of interim guidelines calling for significant changes in dietary practices, namely reduced intake of fats, increased consumption of fruits, vegetables and whole grain cereal products, and caution with respect to use of nutrient supplements, salt-cured and smoked foods, and alcohol.

It is important to note that these are interim guidelines because of knowledge gaps which can only be filled with additional research--both basic and applied. If this research supports the need for final guidelines, then additional work will be important to define low fat and reduced fat foods, to keep food fortification policy and practices current with the state of scientific knowledge, to regulate safe methods of food processing, and to establish accurate methods for measurement of nutrients, fibrous materials in foods, and bioavailability of nutrients from foods and diets.

Major advances in understanding the relationships between diet and cancer, cardiovascular disease, bone disease and so on are dependent on a wide variety of research undertakings from the basic molecular level laboratory, through applied research, epidemiological and methods development laboratories, to research on how best to communicate diet and nutrition concepts to the public. In our Department, applied research approaches to these subjects stem from both the NIH and the FDA. The Bureau of Foods of the FDA maintains a modest but strategically important nutrition research program in a number of these areas in direct support of existing regulations or regulatory approaches under development. These include nutrient bioavailability, nutrient and food fiber methodology, food fortification, nutrient toxicity, enzyme inhibitors, nutrient interactions, and nutrition information communication.

Nutrition Research Conferences

Beyond the nutrition research and training efforts, the DHHS had held a number of conferences in the past year dealing with various aspects of nutrition research. I think it is worth mentioning three in particular.

In January of this year a Consensus Development Conference on Defined Diets and Childhood Hyperactivity was held at NIH. The Conference concluded that defined diets do benefit a small group of hyperactive children but that such diets should not be universally applied to the treatment of childhood hyperactivity at this time.

Also in January, a workshop on "Body Weight, Health, and Longevity" was held under the aegis of the Research Initiative in Nutrition, sponsored by the Nutrition Coordinating Committee of NIH and the Centers for Disease Control. The development of body weight standards and the relationship of body weight to health and longevity is essential for the interpretation of data from surveys and surveillance. The summary, conclusions, and recommendations of the workshop are presently in draft form, and while I do not wish to anticipate the specifics of the report, I can tell you that it is apparent that overweight people tend to die sooner and this is particularly true for those who are overweight at younger ages. This effect of overweight on mortality is delayed, so that it is not seen in cross-sectional or short-term surveys.

Of additional note, particularly as an introduction to my next topic, is the Conference on the Assessment of Nutritional Status held at NIH in September of 1981, cosponsored by the NIH Nutrition Coordinating Committee, the Centers for Disease Control, and the Food and Drug Administration. The conference marked the beginning of the implementation of the Nutrition Research Initiative. Five panels addressed the following areas:

- assessment of the nutritional status of the individual;
- new approaches to methods for the assessment of nutritional status of the individual;
- effects of nutritional status on functional states;
- assessment of nutritional status in epidemiologic studies and surveys of populations; and
- recent advances in food consumption methodology.

The conference highlighted the current state of the art in the assessment of nutritional status. Emphasis was given to currently available methodology, its adequacy and shortcomings, and, most importantly, the identification of research needed to develop better methods for nutritional assessment. I am pleased to submit for the record the proceedings from that conference and I want to point out that those proceedings were published as a special volume in May 1982 in the American Journal of Clinical Nutrition. These proceedings represent the first time that state-of-the-art research papers and findings have been collected into one volume that addresses the nutrition status of the individual and population groups throughout the life cycle.

NUTRITION MONITORING SYSTEM

This brings me, Mr. Chariman, to the section of my testimony on implementing a National Nutrition Monitoring System. As I stated in my testimony before this Committee one year ago, the Department of Health and Human Services is committed to the development of a comprehensive nutrition monitoring system (NMS) which will provide the kinds of services needed for health decisions at the National, State, and local levels. Nutrition monitoring touches on every aspect of our human nutrition programs--nutrition research, services, education, and food safety.

Over the past year we have made significant strides in the NMS Implementation Plan submitted to the Congress last October and significant components of the Plan are well under way. Key issues addressed in the Plan that needed improvement were interagency coordination, monitoring of high risk groups, turnaround time and analysis of survey data, food consumption patterns and nutrient content of foods as related to disease prevention and quality of the food supply. For you to assess our progress in meeting our commitments as stated in that Plan, I will address each of these issues separately.

Interagency Coordination

Working with USDA we have established two working committees to take the lead in nutrition monitoring. One Committee will address the integration of USDA's Nationwide Food Consumption Survey (NFCS) and HHS' National Health and Nutrition Examination Survey (NHANES). More specifically, this NFCS-NHANES Coordinating Committee, which meets approximately every two weeks, is charged with defining the content of both national surveys and designing future surveys with compatible sampling procedures and definitions. A progress report on the Committee's work is forthcoming in September 1982 and the Committee's work will continue until the next surveys are conducted in 1987.

Within both our departments technical staffs from program areas have met with sampling statisticians to discuss the objectives of the future studies and to identify sampling design issues to coordinate the two surveys and make them more compatible. A progress report covering the first six months activities of this Committee will be completed by the end of this fiscal year. Continuing with our efforts of interagency coordination, several other Federal agencies have been invited to appoint members to this coordinating body to assure even greater government-wide collaboration.

The second working committee, the Joint Nutrition Monitoring Evaluation (JNME) Committee, was appointed in March 1982 and includes government and nongovernment officials with expertise in medicine, epidemiology, public health nutrition, nutrition, and agricultural economics. This group, to hold its first meeting later this summer, will develop periodic reports to the Congress on the dietary and nutritional status of the population and priority subgroups; it will evaluate the findings of NHANES, NFCS, and other Federal nutrition monitoring efforts; and it will identify deficiencies and special areas of need in the monitoring system and recommend more appropriate approaches. The first report from this Committee is due in 1984.

Preliminary discussions have also been held with USDA regarding Data Users Conferences--sessions targeted to improving the utility of the studies. A formal conference of this sort will be held in conjunction with the Public Health Conference on Records and Statistics to be held in August, 1983 Meanwhile, the Department has been assessing ongoing informal users conferences sponsored by FDA and NCHS and attended by representatives from Federal agencies, academia, and industry. A group of some 60 people have met twice over the past year and exchanged information on current programs and methods, with the objectives of avoiding duplication, improving analysis techniques, and exploring options for data usage. Another meeting is scheduled for September.

Monitoring High Risk Populations

Turning to the issue of monitoring high risk populations, the Department is pleased to announce that Hispanic HANES will begin next month, July 1982. Hispanic HANES will be conducted in two phases. Phase I, from July 1982 through December 1983, will cover five Southwestern States: Texas, California, Colorado, Arizona, and New Mexico. Phase II, from January 1984 through December 1984, will be centered in New York City and Dade County, Florida. Hispanic HANES will sample Mexican Americans in the Southwest, Puerto Ricans in New York City, and Cuban-Americans in Dade County.

Nutrition monitoring activities of high risk populations also continue out of the Nutrition Division of the Center for Health Promotion and Education at CDC as well as the Bureau of Community Health Services at HSA.

Some of the highlights of this year's activities at CDC include:

- 27 States are currently participating, an increase of 3 over the previous year.
- Pregnancy nutrition surveillance is currently under way in 16 States, an increase of 4 over the previous year.

High risk populations have also been the target of activities undertaken by the Health Services Administration (HSA), primarily State maternal and child health programs, community health centers, migrant health clinics, and Indian Health Service programs.

- Workshops for training selected State health agency leadership personnel in nutrition assessment have been developed and sponsored with CDC.

- Simplified materials have been developed and disseminated to assist health care providers in the public and private sector to improve the screening and followup of selected nutrition disorders of infants and children and to promote a systematic approach to the assessment of the nutritional needs of groups.
- Followup studies of the NCHS National Natality and National Fetal Mortality Surveys covering such areas as maternal health, prenatal and postpartum visits, and infant hemoglobin levels have been supported with Title V/MCH funds.

Turnaround Time and Analysis of Survey Data

On the issue of turnaround time for data, the lag time between data collection, release, analysis and publication of NHANES data is becoming shorter, but the need for continued improvement is clear. Over the past year NCHS has taken a number of steps to make the data more readily available. Here are a few examples of progress since my report before this Committee a year ago:

- NCHS has submitted five NHANES I manuscripts related to nutrition for publication. They cover such topics as obesity and diet, dental health, cardiovascular disease risk factors, and iron status.
- Five NHANES II tapes covering all the dietary and anthropometric information plus most of the nutritional biochemistry have been made available.
- Several preliminary reports from NHANES II have been released. Important publications by NCHS and FDA on blood lead and carbon monoxide levels have drawn considerable national policy attention. Collaborative analyses with NIH on the diabetes and serum lipid data are beginning; and FDA and NCHS are cooperating intensively to begin

and complete analyses relevant to fortification issues with respect to iron, zinc, and folic acid in the next year.

- CDC publishes an annual Nutrition Surveillance Bulletin that makes available as expeditiously as possible data on nutrition surveillance from such programs as maternal and child health, WIC (in collaboration with USDA), EPSDT, and Headstart. Monthly and quarterly tabulative reports are made available to participating clinics.
- FDA also has an ongoing series of studies to develop simpler and faster methods to measure food intakes so as to shorten time between field work and availability.

Food Consumption Patterns and Nutrient Content

Several activities have been under way at FDA and other agencies with respect to food consumption patterns and nutrient content of foods as related to disease prevalence and quality of the food supply.

- FDA now conducts the annual Total Diet Study (TDS) designed to monitor levels of contaminants and essential minerals in the food supply and to estimate average consumption levels of these substances in daily diets. In the redesigned study the foods being analyzed represent, on a weight and caloric basis, more than 95 percent of the food usually consumed by the population.
- FDA's third biennial Food Label and Product Survey (FLAPS) of a statistically representative sample of packaged food products and labels was initiated in FY '82. The purpose of these analyses is to identify changes in the composition of foods which may be either unintentional and caused by production or processing changes or intentional and the direct result of reformulation. This program is also designed to provide information on the amount and relative accuracy of nutrition labeling information.

- FDA has completed a national probability survey of 3,000 customers to determine usage of vitamin and mineral supplements. An analysis of quantitative nutrient intake from supplements is being completed, and will be reported by the second quarter of FY '83
- FDA has also published the results of an annual national survey of food shoppers regarding perceived usefulness and preferences for specific nutrition labeling information. Results were compared with the opinions of nutritionists and the food industry regarding the health significance and utility of nutrition label information.
- FDA is cooperating with USDA and other professionals from industry and academia in the development of International Network of Food Data Systems (INFOODS) with a goal to develop coordinated international human food component data systems (nutrients, food additives, contaminants, etc.) to meet the needs of users around the world.
- FDA has continued to accomplish a surveillance and compliance program on infant formulas to assure that products which are marketed meet the requirements of the Infant Formula Act of 1980. FDA's regulations on infant formula have focused attention on the need for improvements of methods currently used to determine nutrients and other substances in foods. At FDA's initiative, a government-industry research program is being established to improve accuracy and lower cost and time required to accomplish the determinations.

SUMMARY

In summary, Mr. Chairman, I think the Department of Health and Human Services continues to make impressive and substantial progress both in the enhancement of our capabilities to monitor nutritional status of the American people and in the research base which underlies every facet of that monitoring system's operation. We clearly have improvements still to make. I want to see the analysis of data available through HANES completed in a more timely fashion. I want to see the interagency coordination between monitoring programs fostered and improved. I want to see better measures developed for assessing the nutritional quality of our food supply. And I want to see greater advances in the development of the knowledge base which provides the tools by which we can assess nutritional status and allows us to survey the linkages between diet and disease with greater confidence.

My colleagues and I will be pleased to answer any questions you may have.

Mr. **Brown**. The subcommittee will be adjourned.

[Whereupon, at 11:45 a.m., the subcommittee adjourned.]

Attachment 1

APPENDIX
Department of Health and Human Services
Expenditures for Applied Nutrition Research

National Institutes of Health
BIOMEDICAL AND BEHAVIORAL NUTRITION RESEARCH AND TRAINING, FY 1981
BY CATEGORY OF SUPPORT
(in thousands of dollars)

	Item	Breakdown Number	Breakdown Cost	Total Number	Total Cost
Extramural					
Research grants:	Regular	1,189	$ 70,245		
	Clinical trials	113	3,206		
	Total			1,302	$ 73,451
Program projects:	Regular	74	15,190		
	Clinical trials	5	769		
	Total			79	15,959
Contracts:	Regular	113	7,870		
	Clinical trials	58	8,555		
	Total			171	16,425
Centers:	Regular	92	12,034		
	Clinical trials	1	33		
	Total			93	12,067
General research support				260	13,136
Reimbursement agreements				16	1,319
Training:	Training grants	268*	3,159		
	Fellowships	36*	549		
	Total			304*	3,708
Research Career Development Awards				34*	982
New, Academic and Teacher Investigator Awards				64*	1,560
Subtotal - Extramural					$ 138,608
Intramural					
Projects				95	9,193
Training				25*	700
Subtotal - Intramural					$ 9,893
TOTAL NUTRITION RESEARCH AND TRAINING - NIH					$ 148,501

*Number of persons (Preliminary data).

Attachment 2

SPECIAL INTEREST AREAS IN NUTRITION -- SUMMARY TABLE

Special Interest Area In Nutrition	Number* of Grants or Contracts	Cost* (Dollars in thousands)	Percent** of Total Cost
I. Research			
Prevention of Disease	667	$ 63,803	43.0
Nutritional Status	261	34,520	23.2
Behavioral Studies	226	25,786	17.4
Child and Infant	234	23,741	16.0
Research on Vitamins	385	23,294	15.7
Epidemiological Research	182	21,569	14.5
Obesity	177	16,713	11.3
Genetics	130	14,071	9.5
Total Parenteral and Enteral Nutrition	73	11,591	7.8
Aging	125	10,236	6.9
Maternal	82	7,663	5.1
International Research	34	1,998	1.3
II. Education			
Education for Professionals	95	11,639	7.8
Education for the Public	26	2,769	1.9
Education Research	26	2,677	1.8

* A grant or contract may be assigned to several special interest areas.
** The total cost of the nutrition program in FY 1981 is $148,501,000.

Attachment 3

FY 1981 EXPENDITURES BY DHHS AGENCIES IN HUMAN NUTRITION
RESEARCH, MANPOWER DEVELOPMENT, TRAINING, AND EDUCATION,
BY AREA OF SUPPORT
(in Thousands of Dollars)

Agency	Extramural Research	Research Manpower Development	Intramural Research	Research Training	Research on Public Information and Education	Total	
NIH	130,814	1,310	9,893	3,709	2,775	148,501	93%
ADAMHA	4,861*		633*			5,494*	3%
FDA	243		4,974**		175	5,392*	3%
CDC					716	.716	0.4%
HSA	67					67	<.1%
DHHS Total	135,985 (85%)	1,310 (1%)	15,500 (10%)	3,709 (2%)	3,666 (2%)	160,170 (100%)	100%

* Preliminary
** in support of 115 person-years effort

ATTACHMENT 4

FDA APPLIED NUTRITION RESEARCH

PROJECT	FY 82 STAFFYEARS	CONTRACT $
Lipid Metabolism	1	
Nutrient Interactions	11	
Metabolic Effects of Dietary Carbohydrates	3	
Bioavailability of Nutrients	9	
Health Effects of Nutrient Excess	12	
Dietary Effects on Behavior	3	
Methods Development for Macronutrients in Food	3	
Nutrient Analysis Methodology	12 1/2	
Food Composition Consumption and Data Analysis	2	
State of the Art Analysis of Key Human Nutrition Problems	1/2	$125,000
Selected Minerals in Food Survey	2	
Review of Pediatric and Medical Food Problems	1	$ 35,000
Iron in Human Nutrition	3	$ 60,000
Food Consumption, Diet and Health	4	$ 50,000
Plaque Acidity Method for Evaluation of Cariogenic Potential of Food	1/2	
Tissue Effects of Infant Formula Chloride Levels	1/2	
TOTAL	68	
@ $40,000/Staffyear =	$2,720,000	$270,000

TOTAL $2,990,000

APPENDIX
Projected Resource Estimates
FY 83-84
National Nutrition Monitoring System

ATTACHMENT A

Nutrition Monitoring Activities - NCHS

	FY 1982 $(000)	(Reference to NNMS Report)	Anticipated Annual Resource Needs $(000)	FY 1983 Planned Funding $(000)	FY 1983 Unfunded Resource Needs $(000)	FY 1984 Planned Funding $(000)	FY 1984 Unfunded Resource Needs $(000)
A. Health Status and Nutritional Status							
• Analysis of NHANES II Data	900	pgs 8,32,33	1,000	840	160	840	160
Improved Timeliness & Depth of Analysis	--	pg 37	1,490	--	1,490	--	600
• Analysis of NCHS Nutrition Data Through Universities and Research Organizations	--	pg 37	300	--	300	--	300
• Hispanic HANES (Data Collection)	4,600	pgs 9,37	5,800	5,800	--	5,800	--
Improved Timeliness & Depth of Analysis	--	pgs 10,37	500	--	--	--	500
• NHANES Data Users Conference	--	pg 9	--	--	200	--	--
• NFCS-NHANES Coordination Committee	--	pg 8	--	--	--	--	--
• Joint Nutrition Monitoring Evaluation Committee	--	pg 8	150	--	150	--	50
• Pilot Study to Test Joint Study of Maximal Coordination of NHANES-NFCS	--	pg 9	--	--	--	Unknown pending research results	Unknown pending research results
B. Food Consumption Measures	--	--	--	--	--	--	--
C. Food Composition Measures	--	--	--	--	--	--	--
D. Dietary Knowledge/Attitudes Assessments	--	--	--	--	--	--	--
E. Food Supply Determinations	--	--	--	--	--	--	--
F. Research on Survey Methods							
Laboratory Methods	--	pg 53	250	--	250	--	100
Field Methods	--	pg 53	250	--	250	--	180
Total	5,500		9,740	6,640	2,800	6,640	1,890

ATTACHMENT B

Nutrition Monitoring Activities --

	FY 1982 $(000)	(Reference to NNMS Report)	Anticipated Annual Resource Needs $(000)	FY 1983		FY 1984	
				Planned Funding $(000)	Unfunded Resource Needs $(000)	Planned Funding $(000)	Unfunded Resource Needs $(000)
A. Health and Nutritional Status							
Expansion of Nutrition Surveillance Program in High Risk Populations and Federally Supported Health Service Delivery Programs	2,600	pg 37	Increasing	2,600	700	2,600	1,950
Total	2,600			2,600	700	2,600	1,950

ATTACHMENT C

NNMS On-going Monitoring Activities - FDA

	FY 82 $(000)	(Reference to NNMS Report)	Anticipated Annual Resource Needs $(000)	FY 83 Planned Funding $(000)	FY 83 Unfunded Resource Needs $(000)	FY 84 Planned Funding $(100)	FY 84 Unfunded Resource Needs $(100)
A. Health Status							
Infant feeding practices	----	(pg 40)	90		90		90
Disease prevention and health promotion: health status of populations at risk	7.1	(pg 48)	1300	185	1115	340	960
NHANES users conferences	7.1	(pg 9)	8	7.5	----	7.5	---
Safety and effect of iron supplementation	88		235	132	100	132	100
Methods (CNB)	-----		125	35	90	70	55
B. Food Consumption Measurements							
A.C. Nielsen/FLAPS	476	(pgs 19,22,42)	315	148	167	105	210
Food Consumption Methodology	20	(pg 30)	100	----	100	---	100
Dietary Supplement Survey	----	(pg 40)	150	----.	150	---	150
C. Food Composition Measurements							
Total Diet	268*	(pgs 21,42)	300*	282*	----	300	---
Food Label Survey (NSB)	629	(pgs 22,42,43)	630	395	235	350	280
Methods (NSB)	31	(pg 30)	600	596	----	596	---
Methods (ENB)	245	(pg 30)	215	186	29	140	75
Assessment of new foods and ingredients	25	(pg 43)	25	26	----	26	---
D. Dietary Knowledge/Attitudes Multipurpose Survey	----	(pgs 23,44)	100	80.5	19.5	---	100
Total	1,832.2		4193	2076	2095.5	2066.5	2120

*Nutrition component only.

ATTACHMENT D

Nutrition Monitoring Activities - USDA, HNIS

	FY 1982 $(000)	(Reference to NNMS Report)	Anticipated Annual Resource Needs $(000)	FY 1983 Planned Funding $(000)	FY 1983 Unfunded Resource Needs $(000)	FY 1984 Planned Funding $(000)	FY 1984 Unfunded Resource Needs $(000)
A. Health and Nutritional Status							
• Longitudinal Study of Infant Feeding Practices on Morbidity and Growth	--	(pg 8)	CANCELLED			--	--
B. Food Consumption Measurements							
• Analysis of the Nationwide Food Consumption Survey Data	500	(pg 8)	250	250	--	--	--
• DHHS-USDA Joint Nutrition Monitoring Evaluation Committee	--	(pg 8)	60	60	--	60	--
• Study of Longitudinal Measures of Individual Intakes	(FY 81 contract 940)	(pg 9)	ONGOING				
• Data User Conference for NFCS	157	(pg 9)	ONGOING				
• Pilot Low Income Monitoring Study	1,800	New Item	500	500	--	--	--
• Field Test Individual Intake Methods	--	pg 9	500	500	--	--	--
• Field Test Household Food Losses Measures	--	pg 9	300	300	--	--	--
• Longitudinal Individual Intake Study	--	pg 9	--	--	--	--	Unknown
• Pilot Studies to Test NFCS-NHANES Coordination	--	pg 40	--		--	--	Unknown
C. Food Consumption Measures							
Additional Analysis of Home Prepared Foods	100	pg 43	200	--	200	--	200
Dietary Data Bank on Public Health-Related Constituents (Expanded)	--	pg 43	500	--	500	--	500
Development of Dietary Data Bank (Ongoing)	800	pg 43	800	800	--	800	--
D. Food Supply Determinations							
• Develop Methods for Estimating Losses of Edible Food From Food Supply Statistics	--	pg 47	UNKNOWN				
E. General Staff and Program Support	2,643	--	2,643	2,643	--	2,643	--
Miscellaneous							
Contracts and Support	--	--	247	947	--	2,407	--
Total	6,000	--	6,000	6,000	700	6,000	700